

# University of Minnesota Mycological Culture Collection

To be completed by the depositor of strain. Please print or type.

1. Scientific name and author \_\_\_\_\_
2. Source of species description \_\_\_\_\_
3. Classification: Order \_\_\_\_\_ Family \_\_\_\_\_
4. Name of other state (anamorph/teleomorph) \_\_\_\_\_
5. Identified by \_\_\_\_\_
6. Isolation and historical data:  
(check one)  
Culture \_\_\_\_\_ spores \_\_\_\_\_  
Collected or isolated by \_\_\_\_\_ Date \_\_\_\_\_  
Collection or isolation number \_\_\_\_\_  
Substrate or host \_\_\_\_\_  
Geographic source \_\_\_\_\_  
Significance of culture/spores \_\_\_\_\_  
Literature citations for this strain \_\_\_\_\_  
\_\_\_\_\_  
Location of herbarium specimens \_\_\_\_\_  
Cultures/spores also deposited at \_\_\_\_\_
7. Characteristics observed in culture **as deposited:**  
Type of fruiting structures found \_\_\_\_\_  
Factors affecting fruiting: temperature \_\_\_\_\_ light \_\_\_\_\_  
Preferred medium (attach formula) \_\_\_\_\_ other \_\_\_\_\_  
Unusual maintenance requirements \_\_\_\_\_
8. Is this strain zoopathogenic? \_\_\_\_\_
9. Is this strain phytopathogenic? \_\_\_\_\_ (Information required by Plant Quarantine  
Division, USDA) If so,
  - a. The geographical distribution of this organism is: (check one)  
general  
limited  
unknown
  - b. Would you recommend that this strain be available to any qualified investigator  
regardless of his location? \_\_\_\_\_
  - c. If not, what limits would you place on the distribution of this strain? \_\_\_\_\_  
\_\_\_\_\_
10. Comments: \_\_\_\_\_  
\_\_\_\_\_
11. I understand that this material is for deposit in the collection. It may be distributed to the  
scientific community.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Deposited on behalf of \_\_\_\_\_
12. Depositor Address \_\_\_\_\_  
\_\_\_\_\_