



CULTURE DEPOSITION FORM

First Fungal Culture Bank of Pakistan (FCBP)
Department of Plant Pathology
Faculty of Agricultural Sciences (FAS)
University of the Punjab, Lahore, Pakistan



Date: _____

Researcher Name: _____ Status/session: _____

E-mail: _____ Phone/ Mobile: _____

Institute/ Dept: _____

Research title: _____

Culture Deposited: Fungus Bacteria

Sr No.	Name of Organism	Source of Isolation	NCBI/Gene Bank No.	Allotted Accession Number
01	_____	_____	_____	_____
02	_____	_____	_____	_____
03	_____	_____	_____	_____
04	_____	_____	_____	_____

Signature of researcher: _____ Supervisor _____
Signature with official stamp

Recommendation of the Director/HOD: _____
Signature with official stamp

(FOR FCBP USE ONLY)

Permission of Chairperson DPP: _____ In-charge FCBP: _____

Official recommendation by In-charge FCBP: _____

Remarks of R.O. /R.S.: _____

Terms and conditions

- I. Cultures will not be entertained without gene bank number.
- II. On depositing an identified culture with gene bank number, FCBP will allot accession number without any fee and will provide one free culture on request.
- III. Isolates will be preserved with Acc. Number in FCBP to maintain the record for future queries.
- IV. The incomplete request form will not be entertained.
- V. Further exchange and distribution of FCBP cultures are restricted within Pakistan.
- VI. FCBP cultures are patented under specific accession numbers and ignorance in term of acknowledging and quoting the number is liable to face litigation charges.
- VII. Keeping in view the daily engagements of FCBP staff, 4-5 cultures may be provided at a time. Subsequent requests, if there are any, would be entertained after a period of 10 days.
- VIII. The researcher must agree the above terms and conditions by signing this form.

Signatures

Researcher/student: _____ Supervisor: _____

Signature with official stamp