



CULTURE IDENTIFICATION 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

Substrate: _____

Cultural conditions:

1. Media: _____ 2. Incubation Temperature _____ 3. Incubation Period _____

Number of Cultures Deposited: _____

Culture Code/ Marked as: 1. _____ 2. _____ 3. _____

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.: _____

Charges @ Rs 1500/- per culture

Website: <http://pu.edu.pk/home/subdepartment/67015>

Tel: +92-42-99231846

Email: fcbp.iags@pu.edu.pk

Fax: +92-42-99231187

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Terms and conditions

- I. Only three days old pure culture will be accepted for the identification.
- II. Cultures should not be more than three days old at the time of submission.
- III. Deposited culture will not be returnable.
- IV. Maximum five cultures will be accepted at a time for a single research title. In case of the large number of cultures, it is compulsory for a student to have short internship in FCBP for the Identification skills.
- V. Identification report will be provided minimum in 10 days after the receipt of duly completed form.
- VI. The incomplete request form will not be entertained.
- VII. Culture identification charges of (Rs. 1500/-@ per culture) at the time of request submission.
- VIII. Further exchange and distribution of FCBP cultures are restricted within Pakistan.
- IX. Keeping in view the daily engagements of FCBP staff, 4-5 cultures may be served at a time. Subsequent requests, if there are any, would be entertained after a period of 10 days.
- X. The researcher must agree the above terms and conditions by signing this form.

Signatures

Researcher/student: _____ Supervisor: _____

Signature with official stamp