

Fungal Genetics Stock Center
Dept. of Microbiology
Univ. of Kansas Medical Center
Kansas City, KS 66103

PLEASE PROVIDE COMPLETE INFORMATION

Reprints or other data relating to this deposit will aid the Stock Center and recipients of the strain.

Accession
number

SPECIES N. crassa _____

7094

GENOTYPE mcb _____

MATING TYPE a LINKAGE GROUP(S) VR _____

DESIGNATION OF MUTANT ALLELE(S) _____

STRAIN DESIGNATION IF WILD-TYPE _____

YOUR STOCK NUMBER FOR THIS CULTURE RM 1-9
include stock no. from other collections

ORIGIN OF STOCK _____
for example - obtained from, genetic background, from cross with; or if
collected from nature, collection point, substrate and collector.

PUBLISHED REFERENCES see RM 5-21 _____

(for any information regarding this stock)

IF UNPUBLISHED, please indicate strain of origin, mutagen, worker,
genetic background, important characteristics _____

COMMENTS (special growth requirements, aberrations, heterokaryon
compatibility, special uses of strain, etc.) _____

(use additional space below or on back of page if necessary)

YOUR NAME R. Maheshwari DATE 12-91

Additional Comments: (use back of sheet if necessary)