

Fungal Genetics Stock Center
Dept. of Microbiology
Univ. of Kansas Medical Center
Kansas City, KS 66160-7420

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. tetrasperma MATING TYPE a 9029

GENOTYPE _____

DESIGNATION OF MUTANT ALLELE(S) _____

LINKAGE GROUP(S) _____

STRAIN DESIGNATION IF WILD-TYPE _____

YOUR STOCK NUMBER FOR THIS CULTURE W6
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 _____

(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IF UNPUBLISHED, please indicate strain of origin, mutagen, worker, genetic background, important characteristics _____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 back of page if necessary)

YOUR NAME (DJJ) DATE 03/01/2003