

Strain Receipt Form

Date:

Recipient's full name (family name with capital letters):

Recipient's affiliation and address:

Tel:

Fax:

E-mail:

I have received the following culture strain(s).

Date of strain receipt:

Scientific name(s) and strain number(s):

State of strain(s) received:

Good (strain number)

Poor (strain number)

Other (strain number)

Comments:

Please return this form by e-mail attachment (mcc@nies.go.jp), by fax (+81-29-850-2587) or by air-mail before _____. The unsatisfactory cultures are replaced if reported within the period.