**SZEGED MICROBIOLOGY COLLECTION**

Strain request form

**Name: ..................................................................................................................................**

**Institution: ...........................................................................................................................**

**Dept./Unit/Group: ...............................................................................................................**

**Address: ...............................................................................................................................**

**Phone/Fax: ..........................................................................................................................**

**E-mail: .................................................................................................................................**

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| **Strain number**  ***(SZMC number)*** | **Genus** | **Species** | **Sub-taxon**  ***(if relevant)*** | **Comment** | **Amount** |
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Please fill in and send to pappt@bio.u-szeged.hu.

Date:................................................. ..............................................

Signature