**STRAIN REQUEST FORM**

**BIOLOGICAL MATERIAL TO THIRD PARTIE**

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| --- |
| Name: Email: Phone.:  |

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| **UFRO Strain n0** | **Strain information** | **Number of samples**  |
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**STATEMENT**

I, name surname, Declare that the microbial strain UFRO XX.XXXX *Genus species* obtained from the mRB-UFRO will be used only for research propose. In addition, I declare that I will not pass this strain for third person/institution and I will acknowledge for the Microbiological Resource Bank Universidad de La Frontera mRB-UFRO in all publication obtained with this biological material.

**Request date:**

**Requester Name and Surname:**

**Institution:**

**Data for invoice:**

**Full address to strain reception:**

**Date, Name Surname and signature:**