

**BUSCOB Strain request form\***

Dr. Paola Mattarelli and Dr. Monica Modesto (Curators)

Bologna University Scardovi Collection of Bifidobacteria (BUSCOB)

Department of Agricultural and Food Sciences

University of Bologna

Viale Fanin 44

40127 Bologna

PHONE: +39 051 209 6267/6282

Email: paola.mattarelli@unibo.it

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| --- | --- | --- |
| **Species** | **Strain number** | **Number of strains** |
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Please send us the BUSCOB strain(s) above listed for the following use (please indicate the reason of request)

**Invoice address**

Institution name:

Department:

Address:

Contact Name:

E-Mail:

Phone:

Name of the scientific Responsible of the research

**Shipping address (if different from above)**

Institution name:

Department:

Address:

Place and date

Signature

Name of the signature

\*Please list the species and the number of strain(s) requested, write this document in all its parts and send it via e-mail (with electronic signature). The order will be taken in charge only after the receipt of the present document.