

FUNGAL IDENTIFICATION SERVICE (MACS-ARI)

Mycology and Plant Pathology Group of ARI undertakes fungal culture identification at the national level. The laboratory is well equipped and the research staffs are well trained in maintenance of '*in vitro*' cultures of fungi and also possess adequate mycological expertise for correct and authentic identification of fungi.

Guidelines to be followed for submitting fungal cultures for Identification/Deposition in NFCCI:

- Isolate the fungus in culture and subculture it on agar slant of appropriate medium
- Check the purity and sporulation of the culture by examination under microscope.
- Check that (i) It has proper cotton plug/screw cap (ii) It is not too young and recent or too old and is properly incubated to manifest sporulation (iii) It is sent in a proper insulation and packing to avoid breakage during transit.
- Always print/write proper instructions on the label, viz., SAMPLE FOR SCIENTIFIC USE ONLY. NO COMMERCIAL VALUE. HANDLE WITH CARE!!!
- Please note that cultures lacking sporulation shall be take up only for molecular identification.
- It is mandatory to send filled-in data-sheet and fungal strains received without data-sheet will not be processed.
- Dispatch the fungal cultures to the below mentioned address along with covering letter, data-sheet and demand draft inside the packet.

Fee Structure (effective from April 2009)

FEE (Rs.)	NON PROFIT ORGANIZATION	COMMERCIAL ORGANISATION
Supply of Culture (active/freeze dried)	250.00	500.00
Morphological Identification	200.00	400.00
Molecular Identification [Sequencing of SSU/LSU rDNA]		
-partial (700-1000 bp)	2000.00	5000.00
-full (2000-3000 bp)	5000.00	8000.00
-Phylogenetic tree	1000.00	2000.00
-BLAST search	500.00	1000.00
* Identification require both sequencing +BLAST search		
Package [partial sequence, digital image and brief description]	5000.00	10,000.00
Add Service Tax @12.36% (subject to change as per GoI rules) to the above mentioned fees / charges.		

TERMS AND CONDITIONS

- All payment should be made in advance by Demand Draft payable at any branch of a nationalized bank in Pune, drawn in favour of 'THE DIRECTOR, AGHARKAR RESEARCH INSTITUTE PUNE' for the specified amount.
- Service Tax must be calculated on above mentioned fee/charges. The Demand Draft should be made for the final amount (fee + service tax).
- Charges received for culture identification are "Not Refundable".
- The 'non profit organization' category includes students/staff of government recognized educational/ research institutes working on non-profit basis.
- A minimum of two weeks would be required for identification from the date of receipt of sample in proper condition at ARI.
- Above mentioned fee(s) may be changed without prior notice.
- Request for fungal culture by a student/project assistant/research associate needs endorsement by the supervisor or Head of the Department (HOD).
- Cultures are normally despatched/supplied within a week after receiving an order.
- Fungal cultures are not supplied to the private address.
- It is advisable to write before sending the culture (s) for identification.

Address for Correspondence:

Fungal Identification Service, Mycology and Plant Pathology Group
Agharkar Research Institute, G.G. Agarkar Road, Pune 411004, MS
Email: fis@aripune.org , ari_fis@rediffmail.com
Ph: 020-25654357 / 25653680 extn. 318,323, Fax: 020-25651542



FUNGAL CULTURE DATA SHEET

Purpose [Please tick] **Deposit & Accession** **Identification** **Both**
Nature [Pathogenic/Risk to] Plant Human Animal Environment Unknown

Details of Culture

Collected From (Substrate/habitat)

Locality of Collection

Collection Date/By

Isolated By

Isolation Date

Identity Confirmed Based on

Morphotaxonomy

Molecular Taxonomy

Growth and Maintenance

Growth Medium

Growth Temperature & pH

Incubation Period

Sub-culturing Period

General Information

Fungus Name

Depositor's Code/Strain No.

Special Feature/Usage

Fungal Culture is deposited in Lyophilized Form

Active Form

Any Other

Any Other Important Information, if any

I/We hereby authorize NFCCI to accession the culture and to distribute without restriction the culture(s) on request from scientific investigators.

(Signature and Date)

Name of the Depositor: _____ Designation: _____

Affiliation: _____

Phone: _____ Fax: _____

E-mail: _____

For NFCCI Use Only

Date of Receipt

Accession Number

Fungi Code

Scientific Staff Code

[If required separate sheet may be used for providing more information]