

IBC Growth Facilities Work/Planting Request

Date _____ Chamber _____ Greenhouse _____

Name _____ Lab _____

Email _____ Phone # _____

Expected duration of experiment _____ to _____

Species _____ Transgenic YES _____ NO _____

Plant lines _____

List names of lines _____

Plants/line _____

Plants/pot _____

Pot size _____

(typical Arabidopsis flat is 18 x 3.5" pots)

Plant how often / how many times
_____ / _____

Part of plants needed, age, and for what objective

Describe any experimental treatments and expected effects of genes on plant growth.

Special care instructions for greenhouse staff

(desired planting media, watering, fertilizing, pruning, staking, harvesting, pest control)

** If none given, staff will use experience, best general practices and judgment*

Temperature: Day _____ Night _____ % Relative Humidity _____

Photoperiod _____ to _____ = hrs. light _____ intensity ($\mu\text{mol}/\text{m}^2/\text{s}$) _____