Booking Sheet / Enquiry for QuoteDroughtSpotter **CER/**s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1. Customer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** of Lab Leader, Supervisor): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Given Name:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Title:** | | | |  | | | | | | | | | | | | | **Email address:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Mobile or Home:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Facsimile:** | | | | | | | | | | | | |  | | | | | | | | | | |
| **Organisation:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **A.B.N.** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Department:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Address:**  Street / Suburb / State / Post Code / Country | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address:**  PO Box / Suburb / State / Post Code / Country | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Alternative Contact Person:*** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Email address:*** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Phone:*** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Mobile:*** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Facsimile:*** | | | | | | | | | | | | | | | | |  | | | | | |
| **2. Source of Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source of funding for this project** (e.g. ARC, GRDC)**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please specify percentage of funding source:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Research: % | | | | | | | | | | | | | | | | | | | | | | | | | | | | Commercial: % | | | | | | | | | | | | | | | | | | | | |
| **Brief description of grant:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Collaborators on this project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UoA Customers Only – Project Code:** | | | | | | | | | | | | | | | | | | | | | | | | | Bus.Unit | | | | | | | | | | | | | | Account | | | | | | | | | | | | | | Fund | | | | | | | | Dept .Id. | | | | | | | | | | | Campus | | | | | | | | | | | | | | | | | | | | | | | | | Project Code | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **3. Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would like to use (please select):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **1** DroughtSpotter CER only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **2** DroughtSpotter CERs (Twin setting) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Controlled Env. Room | | | | | | | | | | | | | | | | | | | | | | | | Number of lines: | | | | | | | | | | | | | | | | | | | | | | | | Number of treatments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Reps: | | | | | | | | | | | | | | | | | | | | | = Total no. of plants: | | | |
| DroughtSpotter CER - **1** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |
| DroughtSpotter CER - **2** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Brief description of project including treatment outline:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DroughtSpotter and/or Greenhouse requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEFORE** using the DroughtSpotter system/s, I require a standard greenhouse for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | days |
| The plants are grown on the DroughtSpotter system/s for a duration of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | days |
| **AFTER** using the DroughtSpotter system/s, I require a standard greenhouse for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | days |
| **4. Plant Maintenance (what are you growing / what are your needs regarding soil and pots?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who will grow the plants?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Customer / Plant Accelerator Staff (please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Plants / crop:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Variety:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of plants to be grown:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No. of plants/pot:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Crop duration:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Flowering time:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Seed purity:** | | | | | | | | | tested | | | | | | | | | | | | | | not tested | | | | | | | | | | | | | | | | good | | | | | | | | | | | | | | poor (seed cleaning required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of seeds provided:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Age of seeds:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Condition in which seeds were stored:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **% viability of your seeds?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | If value cannot be provided, the reason for this must be given and an estimate of the expected viability must be provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pots**: | | 150 mm  (closed base) | | | | | | | | | | | | | | | | | | | | | 150 mm  (with drainage holes & saucer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 200 mm  (with drainage holes & saucer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 400 mm  tall pots | |
| **Other pots:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Blue frames required?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Soil** (please select) | | | | | | | | | | | | | | | | Cocopeat soil (PRC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | UC Mix | | | | | | | | | | | | | | | | | | | Waikerie river sand | | | | | | | | | | | | | | | | | | | | | | | | | | | | Peat/perlite mix for Arabidopsis | | | | | | |
| **Other soil** (please specify) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fertiliser:** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fertilising schedule:** (time of application and frequency) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other requirements / additional information:** (e.g. seed treatment, vernalisation, nutrient specifications, growth regulations, etc.). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that pest and disease control will be carried out as required (no omissions). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. DroughtSpotter and other Greenhouse Use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.1. BEFORE** using the DroughtSpotter, I require a greenhouse. Details as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duration in days:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Start date:** | | | | | | | | | | | | |  | | | | | | | | | | | | | **End date:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Preferred air-conditioning:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | evaporative / refrigerated / either | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GH size:** | | | | | | | | | | | | | | **S** (~24m2 ) / **M** (~48m2) / **L** (~72m2) | | | | | | | | | | | | | | | | | | |
| **GH type:** | | | | | | Standard / Rice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | GH Room number (if known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note regarding temperature:** If customers do not provide temperature information, the room default settings will apply: **15C night / 22C day**. Precise temperature control will depend on room type. The system automatically sets a 24-hour SIN-shape temperature curve. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature (oC):** | | | | | | | | | | | | | | | | | | Day: | | | | | | | | | | | | | | | | | Night: | | | | | | | | | | | | | | | | | | | | **Lighting requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Do you wish to do your own watering?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO (Additional costs apply for watering by Plant Accelerator staff) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Watering:** | | | | | | | | | | | * To Field Capacity * Other (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will your plants be arranged in a particular order?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.2. DURING** **DroughtSpotter** system/se use, details as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duration in days:** | | | | | | | | | | | | | | | | | | | | days | | | | | | | | | | | | | | | | | | | | | | **Start date:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **End date:** | | | | | | | | | | | | | |  | | | | | | | |
| **Project Design:** | | | | | | | | | | | | | | | | | | | | Please refer to attached DroughtSpotter layout and consult Trevor Garnett  or Bettina Berger for consultation on project design. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Settings in the CER/s** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DroughtSpotter CER - **1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | DroughtSpotter CER - **2** | | | | | | | | |
| Maximum day temperature setting/s (5°C - 50°C): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Minimum night temperature setting/s (5°C - 50°C): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Humidity setting (40% - 80%): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Variable wavelength LED setting (max. 1,000 µmol/m2/s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Do you want to vary the LED wavelengths? (Please specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **5.3. AFTER** using the DroughtSpotter, I require a greenhouse as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duration in days:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Start date:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **End date:** | | | | | | | | | | | | | |  | | | | | | | |
| **Preferred air-conditioning:** | | | | | | | | | | | | | | | | | | | | | | | | | | | evaporative / refrigerated / either | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GH size:** | | | | | | | | | | | | | | **S** (~24m2 ) / **M** (~48m2) / **L** (~72m2) | | | | | | | | | | | | | | | | | |
| **GH type:** | | | | | | | Standard / Rice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | GH Room number (if known): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note regarding temperature:** as per 5.1. above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature (oC):** | | | | | | | | | | | | | | | | | | | Day: | | | | | | | | | | | | | | | | | | | | | | | | Night: | | | | | | | | | | | | | | | | | | | | | | | | **Lighting requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Do you wish to do your own watering?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO (Additional costs apply for watering by Plant Accelerator staff) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Watering:** | | | | | | | | | | | * To Field Capacity * Other (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will your plants be arranged in a particular order?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Access requirements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Keys required:** | | | | | | | | | | | | | | | Yes / No | | | | | | | | | | | | | | | **Other people who will need access to the greenhouse are:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** | | | | | | | | | | | | | | **Given Name** | | | | | | | | | | | | | | | | | | | | | | | | **Email** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | | | | | |
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| **Other requirements / additional information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Are the Plants/Seeds Genetically Modified?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No (go to item 8.) | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes (please fill in details below) | | | | | | | | | |
| **Please tick as appropriate:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 | **A.** | | Our NLRD includes The Plant Accelerator (Cert.3062/2010 and 3790/2014) as a facility and I have attached a copy for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OGTR Id: | | | | | | | | | | | | |  | | |
| 🞎 | **B.** | | The Accelerator (Cert.3062/2010 and 3790/2014) was not originally listed as an approved facility in our NLRD. I have attached a copy of  a) our NLRD, **and**  b) a letter stating that we have sought and gained approval from our Institutional Biosafety Committee (IBC) to have Cert.3062/2010 and 3790/2014 added to our existing NLRD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OGTR Id: | | | | | | | | | | | | |  | | |
| 🞎 | **C.** | | The Accelerator (Cert.3062/2010 and 3790/2014) was not originally listed in our NLRD. I have attached a copy of  a) the approval of our NLRD with the OGTR identifier on it, and  b) a letter stating that we have sought and gained approval from our Institutional Biosafety Committee (IBC) to have Cert.3062/2010 and 3790/2014 added to our existing NLRD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OGTR Id: | | | | | | | | | | | | |  | | |
| Copies of OGTR training of all users requiring access to the greenhouse will be provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Other Services** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harvesting / threshing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Post seeds to my address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other services (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seed storage at Plant Accelerator until: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PlantEye use (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For questions about high-throughput phenotyping at The Plant Accelerator® please contact

* [Trevor Garnett](mailto:trevor.garnett@adelaide.edu.au) on 08-8313 1134 regarding project design
* [Evi Guidolin](mailto:eva.guidolin@adelaide.edu.au) on 08-8313 1137 regarding pricing and availability
* [Paul Jenkins](mailto:paul.jenkins@adelaide.edu.au) on 08-8313 0822 regarding temperature, lighting, humidity, shades
* [Robin Hosking](mailto:robin.hosking@adelaide.edu.au) on 08-8313 0809 regarding horticultural needs (pots, soil, consumables)

**Please return the facility booking sheet by email to** [Evi Guidolin](mailto:eva.guidolin@adelaide.edu.au)

**Physical Layout of the Drought Spotter System**

