**DroughtSpotter Platform Use**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Customer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** (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:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant ID:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CI’s ORCID ID:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Collaborators on this project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Industry relevance:**  Brief description on how your research relates to industry (how does your research output impact on industry?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **UoA Customers Only – Project Code:** | | | | | | | | | | | | | | | | | | | | | | | | Bus.Unit | | | | | | | | | | | | | | Account | | | | | | | | | | | | Fund | | | | | | | Dept .Id. | | | | | | | | | | Campus | | | | | | | | Project Code | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **3. Project description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Project outline:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of lines: | | | | | | | | | | | | | | | | | Number of treatments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Reps: | | | | | | | | | | | | | | | | | | | | = Total number of plants: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Treatments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment A: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment B: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment C: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DroughtSpotter and/or Greenhouse requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before using the DroughtSpotter system, I require a greenhouse for a duration of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | days | | | |
| The plants are grown on the DroughtSpotter platform for a duration of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | days | | | |
| At the completion of DroughtSpotter use, I require a 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:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Crop duration:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Flowering time:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Seed purity:** | | | | | | | | | | | tested | | | | | | | | | | | | not tested | | | | | | | | | | | | | | | | | | | good | | | | | | | | | poor (seed cleaning required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of plants to be grown:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No. of plants/pot:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **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) | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEFORE using the DroughtSpotter** platform, 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I wish to book the **DroughtSpotter** greenhouse as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full booking:** | | | | | | | | | | | | Yes / no | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Partial booking:** | | | | | | | | | | | | | | | | | | | | | | (Number of load cells required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note regarding temperature: The DroughtSpotter greenhouse may be shared with other customers and 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.  If the room is booked by a single user (or if all user agree), temperatures can be adjusted on demand. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temperature (oC):** | | | | | | | | | | | | | | | | | | | Day: | | | | | | | | | | | | | | | Night: | | | | | | | | | | | | | | | **Lighting requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **AFTER using the DroughtSpotter system**, 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: 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | |  |
| I have attached copies of OGTR training of all users requiring access to the greenhouse as listed in item 5. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOTE:**  If GMOs are grown, the DroughtSpotter greenhouse may not be shared (i.e. partial bookings for GMO might not be permitted). Please discuss GMO use of the platform prior to booking (please address flowering issues). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **9. Other Services** | | | |
| Harvesting / threshing: |  | | |
| Post seeds to my address: |  | | |
| Other services (please specify): | | |  |
| Seed storage at Plant Accelerator until: | |  | |
| PlantEye use (please specify): | |  | |

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

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
* [Helli Meinecke](mailto:helli.meinecke@adelaide.edu.au) on 08-8313 0808 regarding pricing and availability
* [Richard Norrish](mailto:richard.norrish@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)

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| **Simple layout of the DroughtSpotter Platform at The Plant Accelerator** | | | | | | |
|  | **A** | **B** | **C** | **D** | **E** | **F** |
| **1** |  |  |  |  |  |  |
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| **26** |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |

**Physical Layout of the Drought Spotter System**

