

## IBC GROWTH FACILITIES WORK REQUEST FORM

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Contact Information		Email	Phone	Budget/project #
Name				
PI / Lab				

Experimental Design	Description	
Plant species		<input type="checkbox"/> transgenic
Space required (number / size of plants)		
Duration (experiment start / end dates)		
Objective (leaves, roots, seeds, etc.)		

Environmental Requirements	Type	Notes
Growth Chamber / Greenhouse		
Temperature {Day/Night}		
Photoperiod		
Supplemental lighting $\mu\text{mol}/\text{m}^2/\text{s}$		
% Relative Humidity		

Cultural Requirements	Special Notes
Water	
Pruning	
Repotting	
Pest Management	

Date of Request:

Other Information: