BTI Plant Phenotyping Facility Booking Sheet / Request for Quote:

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| 1. Customer Details | | | |
| Principal Investigator: | | | |
| Last Name: |  | First Name: |  |
| Email address: |  | Phone Number: |  |
| Organization: |  | | |
| Department: |  | | |
| Physical Address: |  | | |
| Alternative Contact Person: | | | |
| Last Name: |  | First Name: |  |
| Email address: |  | Phone Number: |  |
| Invoice Recipient (if different from Principal Investigator): | | | |
| Last Name: |  | First Name: |  |
| Email address: |  | Phone Number: |  |
| Organization: |  | | |
| Department: |  | | |
| Physical Address: |  | | |

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| 1. Source of Funding | | | |
| Source of funding for this project: | | (e.g. USDA, NSF) | |
| Specify % of funding source: | | Research:      % | Commercial:       % |
| Brief description of grant: | | | |
|  | | | |
| Grant ID: |  | | |
| Industry Relevance: | | | |
|  | | | |
| **REQUIRED Signature (PI or Authorized Signer):** | | | |
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| **REQUIRED BTI Customers Only:** | | | |
| Entire BTI Project Code  (Grant Code-BTI Unit Code-Project Code): | |  | |

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| 1. Project Description | | | |
| Experimental Objective and need for High Throughput Phenotyping Use: | | | |
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| Project outline: | | | |
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| Number of Genotypes: | Number of Treatments: | Replications: | = Total Number of Plants |
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| **Treatments:** | | | |
| Treatment A |  | | |
| Treatment B |  | | |
| Treatment C |  | | |
| **Growth Chamber requirements:** | | | |
| The plants are grown in growth chamber BEFORE imaging for: | | | days |
| The plants are grown in phenotyping facility for imaging for: | | | days |
| The plants are grown in growth chamber AFTER imaging for: | | | days |
| The plants are grown in greenhouse AFTER imaging for: | | | days |

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| 1. Plant Maintenance (what are you growing and your needs for soil / pots): | | | | | | | | |
| Plant growth information: | | | | | | | | |
| Who will grow the plants BEFORE to imaging? | | | | |  | | | |
| Who will grow the plants AFTER to imaging? | | | | |  | | | |
| Plant species: | |  | | | Variety: | | |  |
| Crop Duration: | |  | | | Flowering time: | | |  |
| Seed purity (free from viruses and pathogens): | | | | |  | | | |
| Seed cleaning required | | | | | | | |  |
| Description of additional seed treatments requested: | | | | | | | | |
|  | | | | | | | | |
| Number of plants to be grown: | |  | | | Number of plants / pots: | | |  |
| Number of seeds provided: | |  | | | Age of seeds: | | |  |
| Seed storage conditions: | |  | | | % of seed germination: | | |  |
| Pots: | |  | | Soil type: | | |  | |
| Support Cages Required? | | | | | Yes No | | | |
| Fertilizer requirements: | | | | | | | | |
| Period to be fertilized: | | | | | From       to       days after germination | | | |
| Fertilizer type: |  | | Fertilizer schedule: | | | times / week | | |
| Fertilizer amount: | | | ml / plant or pot | | | | | |
| Other requirements / additional treatments: (e.g. seed treatment, vernalization, nutrient specifications, growth regulations etc.) | | | | | | | | |
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| REQUIRED  PI and/or lab members that are growing any plants within the BTI Growth Facilities are required to have an updated BTI Greenhouse Training. | | | | | | | | |
| REQUIRED  I understand that pest and disease control will be carried out as required by the BTI Greenhouse Staff | | | | | | | | |

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| 1. Facility Access (what kind of access do you need / who needs access): | | | | | |
| BTI Facility access: | | | | | |
| I require access to BTI growth facilities BEFORE my plants are transferred to the Imaging Growth Chamber | | | | Yes /  No | |
| Duration: | days | From: |  | To: |  |
| I require access to BTI growth facilities DURING the imaging of my plants | | | | Yes /  No | |
| Duration: | days | From: |  | To: |  |
| I require access to BTI growth facilities AFTER my plants are imaged | | | | Yes /  No | |
| Duration: | days | From: |  | To: |  |
| Cornell NetID(s) for Facility Access: | | | |  | |

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| 1. Phenotyping Growth Chamber Conditions | | | | | | | | | |
| Growth conditions throughout experiment: | | | | | | | | | |
| Photoperiod: | Day: | | | hours | | Night: | | hours | |
|  | Light on from: | | |  | | To: | |  | |
| Temperature: | Day: | | | °C | | Night: | | °C | |
| White LEDs: | Intensity: | |  | ON from: | |  | To: | |  |
| Far red LEDs: | Intensity: | |  | ON from: | |  | To: | |  |
| UVB LEDs: | | | | ON from: | |  | To: | |  |
| Relative Humidity: | | | | % | | | | | |
| Watering type: | |  | | Per Pot | | Per Treatment | | | Per Exp. |
| Will your plants be arranged in a particular order? | | | | | Yes /  No | | | | |
| Other requirements / additional information: | | | | | | | | | |
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| 1. Plant Phenotyping | | | | | | |
| Imaging rounds: | | | | | | |
| Duration: | days | From: |  | To: |  | |
| Imaging times: | Crop Reporter Protocol: | | | RGB Imaging: | | Watering / Fertilizing during imaging cycle: |
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| REQUIRED  I understand that there might be interruptions, inaccessibility of my plants and periods of facility inoperations, which result in changes to the proposed imaging schedule beyond the control of the Facility operators due to equipment malfunction, maintenance requirements, outages or other electrical failures | | | | | | |
| REQUIRED  I understand that additional randomization of cart / plant location might occur on the conveyor system | | | | | | |
| Expected outcome / data output through data analysis: | | | | | | |
|  | | | | | | |
| Provide a detailed description of custom image processing outputs expected: | | | | | | |
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| Data storage: | | | | | | |
| All data from the phenotyping facility + environmental data from the experiment will be provided to the user to download once the imaging part of the experiment is finished. The data will be available to download for the user for the subsequent 3 months. | | | | | | |
| REQUIRED  I understand that downloading the data within 3 months of experiment date is my responsibility, and that the failure to do so will result in permanent information loss. The Facility staff carries no responsibility for the data storage beyond the period of 3 months after the experiment. | | | | | | |

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| 1. Are the plants genetically modified? | | | |
| Yes | | No (Continue to section 9) | |
| Please tick as appropriate: | | | |
|  | Our laboratory MUA includes BTI’s Phenotyping Facility (Cert. UUU) as a facility and I have attached a copy of MUA for your records | MUA ID: |  |
|  | BTI’s Phenotyping Facility (Cert. UUU) was not originally listed as an approved facility in our MUA. I have attached a copy of:   1. Our MUA **and** 2. A letter stating that we have sought and gained approval from our Institutional Biosafety Committee to have Cert. UUU added to our existing MUA | MUA ID: |  |
|  | BTI’s Phenotyping Facility (Cert. UUU) was not originally listed as an approved facility in our MUA. I have attached a copy of:   1. The approval of our MUA with the MUA identifier on it **and** 2. A letter stating that we have sought and gained approval from our Institutional Biosafety Committee to have Cert. UUU added to our existing MUA | MUA ID: |  |
| REQUIRED  I have attached copies of training on Hazardous Waste Management of all users, listed in section 5, requiring access to the BTI Growth Facility and Phenotyping Facility | | | |

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| 1. Are the Plants / Seeds imported Seeds / Quarantine Material? | | | | |
| Yes | | | No (Continue to section 10) | |
| Import Permit Number: | |  | Expiry Date: |  |
| REQUIRED  I have attached a hardcopy of the APHIS import permit | | | | |
| Accredited persons responsible for this project are: | | | | |
| Family Name: | First Name: | | Email: | Phone number: |
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| REQUIRED  I have attached copies of training on YYY of all users, listed in section 5, requiring access to the BTI Growth Facility and Phenotyping Facility | | | | |
| REQUIRED  I am aware that the keeping of a logbook is required for all quarantine material (Template available from SOME LOCATION) | | | | |

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| 1. Other services | |
|  | Harvesting / threshing |
|  | Post seeds to my address |
|  | Seed weighing |
|  | Seed counting |
|  | Seed drying |
|  | Seed storage at the BTI’s Plant Growth Facilities until |
|  | Other services (please specify below): |
|  | |

For questions about high-throughput phenotyping at the BTI please contact:

* Magda Julkowska ([mmj55@cornell.edu](mailto:mmj55@cornell.edu)) regarding project design, phenotyping services, pricing, and availability
* Julie Bell ([jb497@cornell.edu](mailto:jb497@cornell.edu)) regarding horticultural needs (pots, soil, consumables)

Please return the facility booking sheet by email to **Magda Julkowska**