

**Arkansas State University Plant Phenotyping Facility - Booking Sheet / Request for Quote**

Customer Details	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Department (Lab):</b>
<b>Work Phone:</b>	<b>Email address:</b>
<b>Organization:</b>	
<b>Address:</b>	
<b>Alternative Contact:</b>	
<b>Email address:</b>	
<b>Phone:</b>	<b>Mobile or Home:</b>

Source of Funding	
<b>Source of Funding for this project:</b>	
<b>Please specify percentage of funding source:</b>	Research:            %    Commercial:            %
<b>Brief description of grant:</b>	
<b>Collaborators on this project:</b>	

Project Description			
<b>Brief description of experiment:</b> (experimental objective and need)			
Project outline:			
Number of lines	Number of treatments	Reps	= Total number of plants
Treatments:			
<b>Treatment A:</b>			
<b>Treatment B:</b>			
<b>Treatment C:</b>			
After phenotyping, the plants should be:	<input type="checkbox"/> <b>Discarded</b> <input type="checkbox"/> <b>Returned to me</b> <input type="checkbox"/> <b>Sampled</b>		
	<i>If sampled, provide details:</i>		

Plant Maintenance			
(What are you growing/what are your needs regarding soil and pots?)			
Plant/Crop:		Species:	
Number of plants to be grown:		Number of plants per pot:	
Seed Purity: (if known)			
Number of seeds provided:		Age of seeds:	
Condition in which seeds were stored:			
% viability of your seeds:			
Blue mesh required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Soil:			
Other Soil:			
Fertilizer:			
Fertilizing schedule: (time of application and frequency)			
<b>Other requirements/additional information:</b> (seed treatment, vernalization, nutrient specifications, growth regulations, etc.)			
<input type="checkbox"/> I understand that while in the Phenotyping Facility, chemical pest and disease control will not be carried out.			

Pre-phenotyping Growth Chamber Requirements			
Temperature (°C):	Day:	Night:	Photoperiod:
Lighting:	$\mu\text{mol}/\text{m}^2/\text{s}$	Humidity:	%RH
<b>Watering:</b> Plants will be cared for and top-watered as needed by greenhouse staff, unless specific instructions are given:			
<i>If Other:</i>			
Will your plants be arranged in a particular order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please describe:</i>			
<b>Other requirements/additional information:</b>			

Phenotyping Growth House Requirements				
<b>Duration in days:</b>				
<b>Temperature (°C):</b>	<b>Day:</b>	<b>Night:</b>	<b>Photoperiod:</b>	
<b>Lighting:</b>	$\mu\text{mol}/\text{m}^2/\text{s}$	<b>Humidity:</b>	%RH	
<b>Watering:</b>				
<input type="checkbox"/> Fixed volume		<input type="checkbox"/> By weight		
If by weight:	<input type="checkbox"/> Field capacity	<input type="checkbox"/> Other	Frequency:	
If by fixed volume:	Water amount/pot:		Frequency:	
<b>Fertigation:</b> (solutes to be added with watering)				
<b>Imaging:</b>				
<i>Note regarding imaging: Unless otherwise indicated below, a single top view with each camera will be taken.</i>				
<input type="checkbox"/> Fluo		<input type="checkbox"/> VIS		<input type="checkbox"/> NIR
Top view only <input type="checkbox"/>		Top view only <input type="checkbox"/>		Top view only <input type="checkbox"/>
<b>Frequency:</b>				
<b>Expected outcome/data output through data analysis:</b>				
<input type="checkbox"/> I understand that beyond the control of the Facility operators there may be interruption, inaccessible or inoperable use of the Facility due to equipment malfunctions, maintenance requirements, outages or other electrical failures.				

Please return this sheet by email to [alorence@astate.edu](mailto:alorence@astate.edu).

For questions or assistance in completing this form, please contact:

[Argelia Lorence](#) office (870) 680-4322