



Please complete the form, print it and display on growth chamber door and email a copy to gail.shadle@unt.edu

Plant Tracking and Identification	
Location (Identify growth chamber)	
PI Name	
PI Email	
PI Phone	
Researcher Name	
Researcher Email	
Researcher Phone	
Plant name (<i>Genus species</i>)	
IBC #	
Wild type (WT) or Genetically Modified (GM)	<input type="checkbox"/> WT <input type="checkbox"/> GM
Any pests or pathogens	<input type="checkbox"/> Pests <input type="checkbox"/> Pathogens
Vector (identify virus, bacteria, fungus, insect)	
Number of plants	
Day length	
Daytime temperature	
Night time temperature	
Light Intensity ($\mu\text{mol}/\text{m}^2/\text{s}$)	
Date Planted (Experiment start date)	
Estimated experiment end date (destroy on this date)	