

Application Form for GMO Confined Field Trial in the Agricultural Experiment Station at NCHU

Date : _____ (DD/MM/YY)

	Name	Department	Position	Tel.
P. I.		<input type="checkbox"/> On Campus : _____ <input type="checkbox"/> Off Campus : _____		
Operator				
Contact Person of Emergency				

Date of Application: From _____ To _____ (DD/MM/YY)

Project title	
Type of Plant	
Purpose	
Phenotype & number	
Description of Traits	
Characteristics of Transgene	
Type of Project	<input type="checkbox"/> Assessment of Inheritable Trait <input type="checkbox"/> Biosafety Assessment Tests <input type="checkbox"/> Other, Please describe : _____

Space Requirement	<input type="checkbox"/> Isolation Greenhouse : _____ m ² <input type="checkbox"/> Isolation Net house : _____ m ² <input type="checkbox"/> Isolation Field : _____ m ²
General Cultivation Management	
Special Cultivation Management	
Residual treatment	
Attachment	

Project of P. I.		Manager of Test Area		Manager of master	
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Results : Approved Not approved

Reason for non-approval : _____