



# PLANT SCIENCE GREENHOUSE AND PHYTORIUM APPROVAL FORM

## CONTACT-USER

---

Name :

Phone :

E-mail :

## CONTACT-SUPERVISOR

---

Name :

Phone :

E-mail :

Signature:

YES

NO

This experiment is approved by the graduate student's supervisory committee

## TIME PERIOD

---

**Start Date:**

**End Date:**

**Date Received:**

**Room/Bench Assigned:**

**Growth Chamber Assigned:**

**Date:**

TITLE OF

RESEARCH: \_\_\_\_\_

\*Please explain the experiment in a short detailed paragraph.

## CONDITIONS REQUIRED

---

### Photoperiod

**Light Intensity ( $\mu\text{moles}/\text{m}^2/\text{s}$ ):**

**Hours of Illumination:**

**Hours of Darkness:**

### Temperature

**Daytime:**

**Hours of Daytime Temperature:**

**Night Time:**

**Hours of Night Time Temperature:**

**Ramped:**

### Humidity

**Day Humidity:**

**Night Humidity:**

YES

NO

I have read the Phytorium and Research Greenhouse Manual

Link to the manual:

[https://www.mcgill.ca/plant/files/plant/research\\_greenhouse\\_and\\_phytorium\\_manual.pdf](https://www.mcgill.ca/plant/files/plant/research_greenhouse_and_phytorium_manual.pdf)

Greenhouse and Phytorium Contact Information

[Sarah-Ann.persechino@mcgill.ca](mailto:Sarah-Ann.persechino@mcgill.ca) (514) 398-7752

[Serge.dernovici@mcgill.ca](mailto:Serge.dernovici@mcgill.ca) (514) 398-7871

[Ian.ritchie@mcgill.ca](mailto:Ian.ritchie@mcgill.ca) (514) 398-7901



**McGill**  
MACDONALD CAMPUS