



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

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

Greenhouse and Phytorium Contact Information

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