

# HRC Greenhouse Research Request

Name: \_\_\_\_\_  
Department/Bldg/Room: \_\_\_\_\_ Email address: \_\_\_\_\_  
Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Research Group: \_\_\_\_\_ Funded research source or sponsor: \_\_\_\_\_  
Is a proposal pending? \_\_\_\_\_ Awarded? \_\_\_\_\_  
Research Trial or Protocol Name: \_\_\_\_\_  
Short name or nickname for this trial (the way that you will refer to it): \_\_\_\_\_

List personnel involved, including graduate or undergraduate students directly involved:

Brief one paragraph statement of proposed trial:

Starting date: \_\_\_\_\_ Ending date: \_\_\_\_\_

**Space Requirements:**

\_\_\_\_\_ sq ft Bench space  
\_\_\_\_\_ sq ft Propagation bed space  
\_\_\_\_\_ sq ft Ground bed space  
\_\_\_\_\_ sq ft Lath house

**Culture requirements:** \_\_\_\_\_

**Temperature requirements:** \_\_\_\_\_ Day \_\_\_\_\_ Night

**Supplemental lighting:** \_\_\_\_\_ **Shading:** \_\_\_\_\_

**Number of pots:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Plants watered as needed:** keep moist keep dry by user

If special, please describe \_\_\_\_\_

**Pest control as needed?** Consult user do not spray

**Other instructions or requests:**

**Space Assignment:**

House Range Bench

**Center Manager signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Farm Op signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requestor (PI) signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BP# to be billed** \_\_\_\_\_