Those wanting to conduct research need to also bring 3 copies to the DOC meeting, for each location. Requests whether animal or field need to be signed by their department head. FIELD RESEARCH REQUEST PAC: Dept: Name: Email Address: _____ Phone:_____ **Additional Contacts:** Name:______ Phone:_____ Project Title: Abstract: Does this project require Ag Center labor? YES \square NO \square MAYBE \square Proposed State Date: _____ Proposed End Date: _____ Repeat Next Year? YES □ NO □ Soil type or Field Preferred: **Previous Tillage/Crop/Treatment** Consideration: Variable Rate Fertilizer Apps Acceptable? YES ☐ NO ☐ Will there be any off-label or unapproved products or materials used in this study? YES \Box NO ☐ MAYBE ☐ Will harvested crop from this study need to be destroyed? YES \square NO \square MAYBE \square Will there be any GMO/transgenic seed or plant material used in this study? YES □ NO □ MAYBE When will plot diagram be provided? Do you have current (or pending) funding for this project? YES □ NO □ MAYBE □ What is the funding source?_____ Does the funding allow any cost recovery to the Purdue Ag Centers? YES NO \square

MAYBE

			Applied By		Special Instructions
	PAC	PROJ	PAC	PROJ	To Ag Center Staff
Tillage					
Weed Control					
Fertilizer					
Seed					
Planting					
Cultivation					
Insect Control					
Disease Control					
Irrigation					
Sampling					
Harvesting					
Plot Clean up					
Other Data					
Equipment needs					
Special Equip.					
Plot Maintenance					
Comments:					
I/we have read and u	ınderst	and PA	.C Trai	nsgenic	Use Guidelines:
Approved:					
Department H	eau				Date