

Field Research Request \_\_\_\_\_ Purdue Agricultural Center

Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone -Office \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

**Additional Contacts:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Project Title \_\_\_\_\_

Abstract \_\_\_\_\_

Does this project require Ag Center labor? YES \_\_\_ NO \_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Expected Duration of Project: \_\_\_\_\_ Repeat Next Yr? YES \_\_\_ NO \_\_\_

Plot Size: \_\_\_\_\_ Area Required: \_\_\_\_\_ Soil Type or Field Preferred: \_\_\_\_\_

# Treatments: \_\_\_\_\_ # Reps \_\_\_\_\_ Row width \_\_\_\_\_ Row Length \_\_\_\_\_

Plot Size \_\_\_\_\_ Area required \_\_\_\_\_ Soil Type or Field Preferred \_\_\_\_\_

Previous Tillage/Crop/Treatment Consideration \_\_\_\_\_

Variable Rate Fertilizer Apps Acceptable? YES \_\_\_ NO \_\_\_ Near Field Day Tour? YES \_\_\_ NO \_\_\_

	Supplied By		Applied By		Special Instructions To Ag Center Staff
	PAC	PROJ	PAC	PROJ	
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					

Will there be any off-label or unapproved products or materials used in this study? YES \_\_\_ NO \_\_\_

Will harvested crop from this study need to be destroyed? YES \_\_\_ NO \_\_\_

Will there be any GMO/transgenic seed or plant material used in this study? YES \_\_\_ NO \_\_\_

When will plot diagram be provided? \_\_\_\_\_

Will you be willing to speak about your field research at a Purdue Ag Center Field Day? YES \_\_\_ NO \_\_\_

Do you have current (or pending) funding for this project? YES \_\_\_ NO \_\_\_

What is the source of this funding? \_\_\_\_\_

Does the funding allow any cost recovery to the Purdue Ag Centers? YES \_\_\_ NO \_\_\_

I/we have read & understand PAC Transgenic Use Guidelines:

\_\_\_\_\_ signature \_\_\_\_\_ date

Approved : \_\_\_\_\_  
Department Head