

# PLANT AGRICULTURE GROWTH FACILITIES

## "Request Form: Appendix 1" – PNT's

If your experiment contains PNT's you **must complete the Request Form for Growth Facility Space Use**, **this page (Appendix 1)** and also **submit an SOP** describing your project to Dietmar Scholz-[dscholz@uoguelph.ca](mailto:dscholz@uoguelph.ca) (Crop Science Bldg.) or Ron Dutton-[rdutton@uoguelph.ca](mailto:rdutton@uoguelph.ca) (Bovey Bldg.) (WORD file format is preferred).

**Plants with Novel Traits (PNT) - Definition:** a plant variety that possesses a characteristic that is intentionally selected or created through specific genetic change and is either not previously associated with a distinct and stable population of the plant species in Canada or expressed outside the normal range of similar existing characteristic in the plant species.

Please familiarize yourself on the subject of Biological Safety and "Containment Levels" (2) which can be referenced from the Federal Government's Public Health Agency Ministry at:

**<http://www.phac-aspc.gc.ca/publicat/lbg-ldmbl-04/index.html>**

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Provide the type of access you authorize for the User(s) listed in PART A

Name(s): \_\_\_\_\_

Types of Access (check 1 or both):

normal working hours      evenings/weekends

If there are additional researchers requiring access, please provide their names and access level here.

Name(s): \_\_\_\_\_

Types of Access (check 1 or both):

normal working hours      evenings/weekends

Contact Email: \_\_\_\_\_

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### Nature of genetic modification(s):

Does the compartment need to be locked during normal working hours (*check one*)?

Yes

No

Method used to create the PNT (*check one*):      mutation      transformation

Other: \_\_\_\_\_

Is the trait toxic to humans?      Yes      No      Does the trait have allergenic properties? (ie. produce skin or lung hypersensitivity)

If yes, is it (*check one*):

an acute toxin      mutagenic      carcinogenic      Yes      No

Describe any special protective clothing or measures personnel are required to use or follow in handling the PNT: \_\_\_\_\_

Describe any known environmental hazards associated with the trait: \_\_\_\_\_

Will the material be removed from the facility (*check one*)?      Yes      No

If yes, describe the procedures to contain, track, and dispose of the materials:

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Is the material (*check one*):      a Plant      Plant parts      Seed

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### Loss of Containment (potential hazards):

Are there any other species present in Ontario that this plant can sexually hybridize with in this facility (*check one*)?      Yes      No

If yes, please list: \_\_\_\_\_

Outline any special measures necessary in the event of loss of containment, inadvertent disposal, or theft of the materials: \_\_\_\_\_

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I have read and understand the **University of Guelph BL2-P PNT Containment Facility Manual** and agree to abide by the protocols for the safe handling of the experimental materials. I will ensure that all laboratory workers under my supervision receive training and adhere to the protocols for the safe handling, containment, storage, and disposal of the experimental materials.

\_\_\_\_\_  
Faculty Name

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Department Approval:

\_\_\_\_\_  
Signature - Coordinator, PNT Containment Facility

\_\_\_\_\_  
Date: