

Growth Room/Chamber Space Request Form

Please fill in the form completely, save a copy and submit to vera.velasco@utoronto.ca.

[User fees will apply starting Jan 1, 2023.](#)

Please acknowledge UTM Growth Facilities in your publications/presentations.

| | | | | | |
|--|--|------------------------------|--|---|------|
| Contact Information | Researcher Name: Email: | | Principal Investigator Name: Email: | | |
| Account | CFC: | CC/IO: | | Fund: | |
| Experiment Information | Main research objective: Species: Source of material: <input type="checkbox"/> Sterilized seeds/specimen <input type="checkbox"/> Other growth facilities/field/farm/forest <input type="checkbox"/> Other, please specify | | | | |
| Space | Start date | End date (max. 12 months) | Growth chamber/ room ID | Environmental settings (indicate settings for light, temperature, humidity etc., when applicable) | Cost |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <input type="checkbox"/> I can share the unit with other researchers if needed | | | | |
| Facility alarms | Send to: <input type="checkbox"/> Researcher <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Do not send alarms | | | | |
| Appointed Contacts Upon Emergency | First Contact Name: Email: Mobile: | | Second Contact Name: Email: Mobile: | | |
| Additional Requirements | | | | | |
| Date of submission: | | | | | |