

AFGC Microarray Probe Classification Form

Proposal Number: 666-XXX-666-XXX-6
Tube Label: 666-XXX-666-XXX-6-2Cy3
Slide Number: 2
Channel Name: Cy3
Lab Head: Chris Somerville
Abstract Title: Discovery of genes involved in nitrate signalling

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| II. Taxonomy | |
| A. Genotype | |
| Genus and species | |
| Other genus and species | |
| Genotype | |
| Other genotype | |
| Common accession and alias | |
| Other accession and alias | |
| ABRC or Nottingham ID | |
| Additional description of accession or ecotype origin or derivation | |
| B. Source | |
| If the source of seed was not available from ABRC or Nottingham, please indicate. Researchers are strongly encouraged to deposit seed samples of all genotypes with the ABRC and Nottingham stock centers. | |
| Contact person | |
| Address | |
| City | |
| State | |

| | |
|------------------------------------------------|--|
| ZIP | |
| Country | |
| Geographical location where seed was collected | |

III. Growth Conditions

A. Growth Room

| | |
|--------------------|--|
| Growth room | |
| Other growth room | |

B. Day

| | |
|--------------------------------------|--|
| Average temperature (°C) | |
| Average relative humidity (%) | |
| Light regime | |
| Other light regime | |

C. Night

| | |
|------------------------------|--|
| Temperature (°C) | |
| Relative humidity (%) | |
| Duration (hours) | |

D. Light Conditions

| | |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Light intensity at soil level (μeinsteins) | |
| Light sources | Fluorescent Incandescent Metal Halide High Pressure Sodium Natural Other Light Source |
| Other light source | |

E. Comments

Any further comments on the growth conditions of the plants that were the source of this sample belong here. If any condition was highly variable or uncontrolled, please make a note of it here.

Notes on growth conditions

IV. Growth Media

A. Media

If soil is chosen, then Part B. is required

If agar is chosen, then Part C. is required

Growth media

Other media

B. Soil

Soil type

Mix Commercial
Mix Custom
Natural Soils
Sterile
Nonsterile
Other

Description of mix (brand,
custom proportions)

C. Agar

If agar, please complete the following:

Agar concentration (% by
mass)

Agar additives

Basal Media
Supplements
Sucrose
Selective Chemicals
Treatment Chemicals
Other Additives

Please provide a short description

D. Fertilizer

Fertilizer type

Application rate (specify units)

Description or brand name

E. Vernalization Treatments

Were plants vernalized?

No Yes

If yes, describe method

F. Seed Dormancy Treatments

Days at 4°C (to break seed dormancy)

V. Harvest Conditions

These are the conditions of the plants at the time of harvesting for RNA isolation.

A. Time

Hours after daybreak

Hours after treatment (if applicable)

Is this a circadian experiment?

No Yes

Is this a time course experiment?

No Yes

B. Chronological Age

Days after planting

C. Physiological Age

Number of true leaves and macroscopic leaf primordia

Developmental stage

Other developmental stage

D. Anatomy of Plant Sample

| | |
|--------------|--|
| Organ | |
| Other organ | |
| Tissue type | |

E. RNA Sample

| | |
|-----------------------------------------------------------------------------------------------|--|
| Sample type (first round polyA only) | |
| Other sample | |
| RNA extraction method (TRIzol method recommended; pine tree method for recalcitrants). | |
| Please provide reference for method or brand name | |

VI. Treatment of Plants

A. Control of Treatment Sample

| | |
|----------------------------------------------------------------------------------------------|----------------------|
| Is this sample a control or reference sample or is this sample from a treated sample? | Treated Reference |
|----------------------------------------------------------------------------------------------|----------------------|

B. Mutant

| | |
|--------------------------------------------------------------------------------------------|--|
| If the experimental RNA sample was derived from a mutant line please fill in the following | |
| Laboratory designation of mutant line | |
| ABRC or Nottingham ID | |
| Name of mutated gene | |
| Gene abbreviation | |
| Allele name | |
| Mutation type | |
| Other mutation type | |

| | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mutant type | <input type="checkbox"/> gain of function <input type="checkbox"/> loss of function <input type="checkbox"/> null <input type="checkbox"/> overexpressor <input type="checkbox"/> suppressor <input type="checkbox"/> unknown <input type="checkbox"/> other |
| Other mutant type | |
| Mutagen | |
| Other mutagen | |
| Dominance of mutant | |
| Other dominance | |
| Mutant screening criterion and phenotype | |
| Reference (if available) | |
| Chromosome | |
| Genetic map position or genomic clone ID | |
| C. Transient or Stable Transgenic Plant | |
| Was transformation stable or transient? | <input type="checkbox"/> Stable <input type="checkbox"/> Transient |
| Gene introduction method | |
| Other method | |
| DNA type | |
| Other DNA type | |

| | |
|------------------------------------|--|
| Name of inserted gene | |
| Orientation of inserted gene | |
| Source of inserted gene (organism) | |
| Reporter gene | |
| Promoter | |
| Selectable marker gene | |
| Reference (if available) | |

D. Environmental Treatment Categories

At least one field is required in sections D & E together.

1. Environmental Treatments

Please note that selecting one of these categories denotes experimental conditions outside of the normal range.

| | |
|--------------------------------------------------------------------|------------------------------|
| Light stress | |
| Other light stress | |
| Light stress: increase or decrease, compared to reference control? | |
| UV-A | None Increase Decrease |
| UV-B | None Increase Decrease |
| Blue | None Increase Decrease |
| Red | None Increase Decrease |
| Far-Red | None Increase Decrease |
| White | None Increase Decrease |
| Other wavelength | None Increase Decrease |
| Other wavelength range | |
| Temperature stress | |
| Other temperature stress | |
| Mechanical stress | |
| Other mechanical stress | |

| | |
|-------------------------------------------------------------------------------------|--|
| Atmospheric stress | |
| Other atmospheric stress | |
| Please specify the concentration of the gas(es) (specify units) | |
| Osmotic and salt stress | |
| Other osmotic or salt stress | |
| Name of osmolyte or salt | |
| Concentration of osmolyte or salt (specify units) | |
| Flooding stress | |
| Other flooding stress (for hypoxia, specify % of total volume oxygen concentration) | |

2. Nutrient Treatments

Is this a deficiency or surplus experiment?

| | | | |
|----------------|----------------------------------------------------------------------------------|------------|---------|
| Calcium | None | Deficiency | Surplus |
| Magnesium | None | Deficiency | Surplus |
| Nitrogen | None | Deficiency | Surplus |
| Phosphorus | None | Deficiency | Surplus |
| Potassium | None | Deficiency | Surplus |
| Sulfur | None | Deficiency | Surplus |
| Micronutrients | Boron Chlorine Copper Iron Manganese Molybdenum Nickel Zinc | | |

3. Environmental Subcategories

| | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Pathogens and microbes | Bacteria Fungus Insect Nematode Plant Virus Other Pathogens |
| Genus and species | |
| Pathogen class | Airborne Soilborne Biotroph Necrotroph Commensal Facultative Obligate Other Class |
| Other pathogen class | |
| Toxic metals | Silver Aluminum Arsenic Cadmium Copper Mercury Lithium Lead Selenium Zinc Other metal |
| Other metals | |
| Concentration of test metals (specify units) | |
| Hormone treatments | Absciscic Acid Auxin Brassinosteroid Cytokinin Ethylene Gibberellin Jasmonic Acid Salicylic Acid Other Hormone |

| | |
|-----------------------------------------------|--|
| Other hormones | |
| Concentration of hormone (specify units) | |
| Chemical treatment | |
| Other chemical treatment | |
| Concentration of chemicals (specify units) | |

E. Other Treatment

At least one field is **required** in sections D & E together.

If none of the above categories adequately captures your experiment, please fill in the following.

| | |
|-----------------------|--|
| Other treatment class | |
|-----------------------|--|

In the event of problems with this form, please [contact the Web Master](#).