

## Technical questionnaire

**oats, naked oats**

**CPVO/TQ-020/2**

*Mandatory fields or sections are marked with an asterisk (\*)*

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**01 . Botanical taxon: name of the genus, species or sub-species to which the variety belongs:**

*Avena nuda* L.

*Avena sativa* L.

*Avena strigosa* Schreb.

Other (please specify)

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**02 . Application code:**

For office use only

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**03 . Breeder's reference:**

Breeder Ref.

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**04 . Information on the breeding scheme and propagation of the variety \***

**04 . 01 . Breeding scheme \***

**04 . 01.02 . Mutation**

*(this question could be confidential)*

Please state parent variety

**04 . 01.02 . Crossing***(this question could be confidential)*

controlled cross (indicate parent varieties)

partially known cross (indicate known parent variety(ies))

unknown cross

**04 . 01.03 . Discovery and development***(this question could be confidential)*

Please state where and when discovered and how the variety has been developed

**04 . 01.04 . Other information on the origin of the variety***(this question could be confidential)*

Please specify

**04 . 02 . Seed propagated varieties**

self-pollination

cross pollination - population

cross pollination - synthetic variety

hybrid

other

Please specify

**05 . Characteristics of the variety to be indicated \***

(the number in brackets refers to the corresponding characteristic in the CPVO Technical Protocol; please mark the state of expression which best corresponds)

**05 . 01 . Stem: hairiness of uppermost node (6) \***

1 - absent

Gerald; Canyon

9 - present

Mascani; Scorpion



**05 . 02 . Primary grain: intensity of glucosity of lemma (11) \***

1 - absent or very weak	Mascani; Canyon
2 - very weak to weak	
3 - weak	
4 - weak to medium	
5 - medium	
6 - medium to strong	
7 - strong	- ; Gabby
8 - strong to very strong	
9 - very strong	

**05 . 03 . Grain: colour of lemma (17) \***

1 - white	Gerald; Firth
2 - yellow	Mascani; Canyon
3 - brown	
4 - grey	
5 - black	

**05 . 04 . Seasonal type (22) \***

1 - winter type	Mascani; -
2 - alternative type	
3 - spring type	- ; SW Argyle

**06 . Similar varieties and differences from these varieties**

Please note that information on similar varieties may help to identify comparable varieties and can avoid an additional period of testing.

**06 . 01 . Are there any similar varieties known? \***

Yes

No

**06 . 02 . Similar varieties and differences from these varieties: \***

Denomination of similar variety	Characteristic in which the similar variety is different	State of expression of similar variety	State of expression of candidate variety



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**07 . Additional information which may help to distinguish the variety \***

**07 . 01 . Resistance to pests and diseases \***

Yes, specify

No

**07 . 02 . In addition to the information provided in sections 05 and 06, are there any additional characteristics which may help to distinguish the variety? \***

Yes, specify

No

**07 . 03 . Are there any special conditions for growing the variety or conducting the examination? \***

Yes, specify

No

**07 . 04 . Other information \***

Yes, specify

No

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**08 . GMO-information \***

**08 . 01 . GMO-information required \***

The variety represents a Genetically Modified Organism within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001.

Yes

If yes, please attach in point 08.02 a copy of the written attestation of the responsible authorities stating that a technical examination of the variety under Articles 55 and 56 of the Basic Regulation does not pose risks to the environment according to the norms of the above-mentioned Directive.

No

**08 . 02 . In case of GMO, joint attestation of the responsible authorities stating that a technical examination of the variety under Articles 55 and 56 of the Basic Regulation does not pose risks to the environment according to the norms of the above-mentioned Directive.**



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**09 . Information on plant material to be examined**

The expression of a characteristic or several characteristics of a variety may be affected by factors, such as pests and disease, chemical treatment (e.g. growth retardants or pesticides), effects of tissue culture, different rootstocks, scions taken from different growth phases of a tree, etc. Consequently the plant material to be examined should not have undergone any treatment which would affect the expression of the characteristics of the variety, unless the competent authorities allow or request such treatment. If the plant material has undergone such treatment, full details of the treatment must be given. In this respect, please indicate below, to the best of your knowledge, if the plant material to be examined has been subjected to:

**09 . 01 . Micro-organisms (e.g. virus, bacteria, phytoplasma) \***

Yes, specify

No

**09 . 02 . Chemical treatment (e.g. growth retardant or pesticide) \***

Yes, specify

No

**09 . 03 . Tissue culture \***

Yes, specify

No

**09 . 04 . Other factors \***

Yes, specify

No



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**10 . Possible place of the technical examination**

In case the CPVO needs to arrange a technical examination for this candidate variety, there might be more than one examination office entrusted by the CPVO suitable to grow your variety. In this case, the Office will decide on the place of the technical examination but you might wish to express here a preference in respect of an examination office. The available entrusted examination offices for that species can be found in the S3 Gazette under:<http://cpvo.europa.eu/en/applications-and-examinations/technical-examinations/entrusted-examination-offices>

You will also find in the S2 Gazette further information about submission of plant material and deadlines for numerous major species:<http://cpvo.europa.eu/en/applications-and-examinations/technical-examinations/submission-of-plant-material-s2-publication>

**10 . 01 . Country where the examination could take place**

Country

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**Attached document(s)**

The following forms or documents are attached to this application : please tick the relevant boxes

Other confidential documents

Remark



**DECLARATIONS \***

I/we hereby declare that to the best of my/our knowledge the information given in this form is complete and correct.

Place

Date

Name

Signature

