

Technical questionnaire

aster

CPVO/TQ-141/1-Rev

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

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

Aster L.

Aster ageratoides Turcz.

Aster alpinus L.

Aster amellus L.

Aster novae-angliae

Aster pyrenaicus Desf. ex DC.

Symphotrichum dumosum (L.) G. L. Nesom (syn.: *Aster dumosus* L.)

Symphotrichum ericoides (L.) G. L. Nesom (syn. *Aster ericoides* L.)

Symphotrichum novi-belgii (L.) G. L. Nesom var. *novi-belgii* (syn. *Aster novi-belgii* L.)

Other (please specify)

02 . Application code:

For office use only

03 . Breeder's reference:

Breeder Ref.

04 . Information on the breeding scheme and propagation of the variety ***04 . 01 . Breeding scheme ****(this question could be confidential)*

crossing

mutation

discovery

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

other origin

Please provide details

04 . 01.01 . Crossing **(this question could be confidential)*

controlled cross

Indicate denomination and species of the parent varieties

partially known cross

Indicate denomination and species of the known parent variety(ies)

unknown cross

04 . 01.02 . In case of mutation, please fill in the table below: **(this question could be confidential)*

Denomination of the parent variety	Characteristic(s) in which your candidate variety differs from the parent variety	Describe the expression of the characteristic(s) for the parent variety	Describe the expression of the characteristic(s) for your candidate variety



04 . 02 . Method of propagation of the variety *

vegetatively propagated

Please specify the method

seed propagated

04 . 03 . In the case of seed propagated varieties, method of production:

self-pollination

cross pollination

hybrid

other method

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 . Leaf: shape (9) *

1 - linear Blue Wonder

2 - elliptic Suntop

3 - ovate Ideal

4 - obovate

05 . 02 . Flower head: number of whorls of ray florets (17) *

1 - one Blue Wonder

2 - two Dark Pink Star

3 - more than two Kfir

05 . 03.01 . Ray floret: colour of upper side (in winter) (28)

RHS Colour Chart (indicate reference number)



05 . 03.02 . Ray floret: colour of upper side (in winter) (28)

1 - white	Monte Casino
2 - yellow	Solidaster
3 - orange	
4 - pink	Sunshir
5 - red	
6 - purple	Purple Monarch
7 - blue	Ideal
8 - other colour (indicate which)	

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(s) of variety(ies) similar to your candidate variety	Characteristic(s) in which your candidate variety differs from the similar variety(ies)	Describe the expression of the characteristic(s) for the similar variety(ies)	Describe the expression of the characteristic(s) for your candidate variety

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 *

07 . 04.01 . Main use *

pot plant

cut flowers

other

07 . 04.02 . Is the variety intended to be grown: *

under protection

outdoors

07 . 04.03 . Other information *

Yes, specify

No

07 . 05 . Photo *

A representative colour photo of the variety must be **added** to the technical questionnaire.

07 . 05.01 . Details of the picture(s)

Place where the picture(s) was(ere) taken

Date of the picture(s) (month and year)

07 . 05.02 . Attached picture(s) *

Where appropriate, please provide additional details on the picture(s) provided (i.e. deviations of the colours on the picture compared to the plant/flower)



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.

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

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

Attached document(s)

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

Other confidential documents

Photo

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

