Breeder's Ref.

Raad voor **OSP** plantenrassen

Technical questionnaire

Cucurbita ficifolia Bouché

Version 5

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:

Cucurbita ficifolia Bouché

Other species (please specify)

02 . Application code:

For office use only

03 . Breeder's reference

Breeder's Ref.

04 . Information on the breeding scheme and propagation of the variety st

04.01. Type of material *

(this question could be confidential)

hybrid

cross-pollinated variety

self-pollinated variety

parent line

04 . 01.01 . Parental line use *

(this question could be confidential)

In many cases there is a link in morphological expression of characteristics between the parent line and its hybrids. Therefore, it is recommended to provide information about the identity of hybrid varieties where the parental line is used. This makes the organisation of the technical examination more efficient and lowers the risk of an additional year at the costs of the applicant. This information will be dealt with confidentially and only share with the examination office in charge of the technical examination.

Please indicate for the production of which hybrid variety(ies) the parental line is used

04 . 02 . Method of propagation of the variety $\ensuremath{^*}$

(this question could be confidential)

seed propagated

vegetatively propagated

$\mathbf{04}$. $\mathbf{03}$. Other information on genetic origin and breeding method

(this question could be confidential)

Please specify

05 . Characteristics

(the number in brackets refers to the corresponding characteristic in the national guidelines; please mark the state of expression which best corresponds.)

05 . 01 . Plant: length of main stem *

- 1 very short
- 2 very short to short
- 3 short
- 4 short to medium
- 5 medium
- 6 medium to long
- 7 long
- 8 long to very long
- 9 very long

05 . 02 . Leaf blade: size $\ensuremath{^*}$

- 1 very small
- 2 very small to small
- 3 small
- 4 small to medium
- 5 medium
- 6 medium to large
- 7 large
- 8 large to very large
- 9 very large

05 . 03 . Stem: vestiture *

- 1 prickles
- 2 spines



05.0	4 . Leaf blade: shape of outline *
	1 - kidney-shaped
	2 - circular
	3 - ovate
05.0	5 . Leaf blade: dept of incision *
	1 - shallow
	2 - medium
	3 - deep
05.0	6 . Flower: colour *
	1 - yellow
	2 - light orange
05.02	7 . Fruit: size *
	1 - small
	2 - medium
	3 - large
05.0	8 . Fruit: shape (G) *
	1 - circular
	2 - broad elliptic
	3 - elliptic
	4 - cylindrical
05.0	9 . Fruit: main colour *
	1 - green with white patches
	2 - white
05.1	0 . Only varieties with main colour green:Fruit: intensity of main colour st
	1 - light
	2 - medium
	3 - dark
05.1	1 . Seed: colour (G) *
	1 - light brown
	2 - black

06 . Similar varieties and differences from these varieties

06 . 1 . Are there any similar variety(ies) known? *

- 1 yes
- 2 no



06 . 2 . 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

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

07 . 01 . Resistances to pests and diseases *

- 1 yes (please specify):
- 2 no
- $\mathbf{07}$. $\mathbf{02}$. Special conditions for the examination of the variety *
 - 1 yes (please specify):
 - 2 no
- 07.03. Other information *

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1 - yes (please specify):
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- 2 no
- 07.04. Photo *

08 . GMO-information requested

08 . a . The variety represents a genetically modified organism (GMO) within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001 which requires authorization for release in the environment: *

- 1 yes
- 2 no
- 08 . b . If yes, has such authorization been obtained? *
 - 1 yes
 - 2 no
- $\mathbf{08}$. c . If yes, please attach a copy of such an authorization *



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

