

1 - seed propagated

2 - vegetatively propagated

1 - yes (please specify):

2 - no

04 . 02.01 . Other information on genetic origin and breeding method  $\ensuremath{^{*}}$ 

# Technical questionnaire

Leek	
Version 8	
Mandatory fi	elds or sections are marked with an asterisk (*)
01 . Botanic	al taxon: name of the genus, species or sub-species to which the variety belongs:
Alliur	n porrum L.
02 . Applica	tion code:
For office	e use only
03 . Breeder	's reference:
Breeder's Re	f.
04 . Informa	ition on the breeding scheme and propagation of the variety *
04.01	Type of material *
•	L - hybrid
2	2 - cross-pollinated variety
3	3 - self-pollinated variety
4	1 - parent line
04 02	Method of maintenance and reproduction *

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#### 04 . 03 . Seed propagated varieties \*

- 1 seed propagated parents
- $\boldsymbol{2}$  one vegetatively propagated and one seed-propagated parent
- 3 two vegetatively propagated parents
- 4 other

### 04 . 04 . Vegetative propagated varieties \*

- 1 cuttings
- 2 in vitro propagation
- 3 other (state method)

#### 05 . Characteristics \*

(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 . Foliage: attitude (2) \*
  - 1 erect
  - 3 semi-erect
  - 5 horizontal
- 05 . 02 . Leaf blade: width (5) (G) \*
  - 1 very narrow
  - 2 very narrow to narrow
  - 3 narrow
  - 4 narrow to medium
  - 5 medium
  - 6 medium to broad
  - 7 broad
  - 8 broad to very broad
  - 9 very broad

#### 05 . 03 . Leaf blade: colour (6) (G) \*

- 1 yellow green
- 2 green
- 3 grey green
- 4 blue green

05	. 04	. Leaf	blade:	intensity	of	colour	(7) *	¢
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- 1 very light
- 2 very light to light
- 3 light
- 4 light to medium
- 5 medium
- 6 medium to dark
- 7 dark
- 8 dark to very dark
- 9 very dark

## 05 . 05 . Leaf blade: anthocyanin coloration (8) $\mbox{*}$

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

#### 05 . 06 . Plant: length (10) (G) \*

- 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

יח	5 07	' . Shaft:	lenath	(11)	(G)	*
U.	) . U/	. Silait.	lelluul	$( \perp \perp \perp )$	( G )	

- 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 . 08 . Shaft: bulb formation (14) \*

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

#### 05 . 09 . Only for vegetatively propagated varieties: Flower: male sterility (17) (G) \*

- 1 absent
- 9 present

#### 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
07 . 02 . Special conditions for the examination of the variety $\ensuremath{^*}$
1 - yes (please specify):
2 - no
07 . 03 . Other information *
1 - yes (please specify):
2 - no
07 . 04 . Growing season *
1 - spring
2 - summer
3 - autumn

# ${\bf 08}$ . GMO-information requested

4 - winter

08. a. The variety represents a genetically mo	dified organism (GMO) within the mean	ing of Article 2(2) of Council Directive
FC/2001/18 of 12/03/2001 which requires au	thorization for release in the environm	ent· *

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

	ΛD	AT.	$\cap$	VIC.	*

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