

Technical questionnaire

Brussels sprout

Version 7

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:

Brassica oleracea L. (Brussels Sprouts Group) (syn. *Brassica oleracea* L. var. *gemmifera* Zenker) 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 *

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

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04 . 02 . Method of propagation of the variety *

(this question could be confidential)

seed propagated

vegetatively propagated

04 . 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 CPVO Technical Protocol; please mark the state of expression which best corresponds).

- 05 . 01 . Plant: height (1) (G) *
 - 1 very short
 - 2 very short to short
 - 3 short
 - 4 short to medium
 - 5 medium
 - 6 medium to tall
 - 7 tall
 - 8 tall to very tall
 - 9 very tall
- 05 . 02 . Leaf blade: colour (5) (G) *
 - 1 green
 - 2 blue green
 - 3 purple
- 05 . 03 . Leaf blade: intensity of colour (6) (G) *
 - 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 . 04 . Leaf blade: cupping (8) (G) *
1 - strongly convex
3 - convex
5 - plane
7 - concave
9 - strongly concave
05 . 05 . Leaf blade: blistering (9) *
1 - 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 . Petiole: anthocyanin coloration (12) *
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 . 07 . Sprout: shape in longitudinal section (13) *
1 - narrow obovate
2 - obovate
3 - broad obovate
4 - circular
05 . 08 . Sprout: colour (14) *
1 - green
2 - blue green
3 - purple

05	. 09	Time	of	harvest	maturity	(18) ((G)	*
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- 1 very early
- 2 very early to early
- 3 early
- 4 early to medium
- 5 medium
- 6 medium to late
- 7 late
- 8 late to very late
- 9 very late
- 05 . 09.01 . Time of harvest maturity (comparable variety) *

Comparable with the variety: *

- 05 . 10 . Male sterility (20) *
 - 1 absent
 - 9 present

CMS/other:

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

08 . GMO-information requested

2 - no

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

08 . c . If yes, please attach a copy of such an authorization *

DECLARATIONS *	DE	CLA	RA	TIC	SNC	*
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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

