



## Technical questionnaire

### Asparagus

#### Version 10

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:

*Asparagus officinalis* L.

Other species (please specify)

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#### 02 . Application code:

For office use only

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#### 03 . Breeder's reference

Breeder's Ref.

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#### 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

\*

**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

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**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 . Time of emergence of spears (1) \***

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 . 02 . Spear: anthocyanin coloration of apex (2) (G) \***

1 - absent

9 - present

**05 . 03 . Plant: intensity of green coloration of foliage (11) (G) \***

3 - light

4 - light to medium

5 - medium

6 - medium to dark

7 - dark

**05 . 04 . Stem: length (12) (G) \***

3 - short

4 - short to medium

5 - medium

6 - medium to long

7 - long

**05 . 05 . Stem: diameter at ground level (14) \***

3 - small

4 - small to medium

5 - medium

6 - medium to large

7 - large

**05 . 06 . Type of flowering (16) (G) \***

1 - only plants with male flowers

2 - plants with male flowers and plants with female flowers

3 - plants with androhermaphrodite flowers and plants with male flowers with style rudiments

other (please specify)

**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 \***

1 - yes (please specify):

2 - No

**07 . 03 . Other information \***

1 - yes (please specify):

2 - No

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**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

**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