	Doc. No.: RTPC2/SOP6/F01	Edition/Revision: 1/0	Effective date: March 2013
	TRANSPORTATION OF GM PLANT(S) FORM		Page 1 of 1

PERSONAL DETAILS		
Name		
Position/Status		
Staff/Student ID		
Supervisor/Manager		
Faculty/ Institute		

EXPERIMENTAL DETAILS				
Project Code				
Plant Common Name				
Plant Scientific Name				
Project Title:				
Reason of Transportation:				
Date transported IN/OUT*				
* cross where not applicable				
Destination				
Quantity IN/OUT*				
* cross where not applicable				
APPROVAL				
Does transportation process con	mply to the	YES / NO		
transportation SOP		* cross where not applicable		
RTPC2 Manager Signature				
Date				