



## PLANT ONTOLOGY AND CONTROLLED VOCABULARY

### Submission Form for Controlled Vocabulary Development

NOTE: To select mark ☒ .The fields marked (\*) are mandatory Attach sheets if necessary for additional information

Send the completely filled form to Pankaj Jaiswal, # G-15, Bradfield Hall, Dept. of Plant Breeding, Cornell University  
Ithaca, NY-USA, 14853, Fax: +1-607-255-6683, e mail: [pj37@cornell.edu](mailto:pj37@cornell.edu)

#### Information on Controlled Vocabulary or Ontology Term(s)

Submission type*	<input type="checkbox"/> new term <input type="checkbox"/> new suggestion for the relationship <input type="checkbox"/> correction <input type="checkbox"/> others If Others is the option please specify: :
Suggested term*	
Synonym If more than one separate by (;)	
Associated Ontology*	<input type="checkbox"/> GO: molecular function <input type="checkbox"/> GO: biological process <input type="checkbox"/> GO: cellular component <input type="checkbox"/> plant anatomy/morphology <input type="checkbox"/> traits <input type="checkbox"/> molecule <input type="checkbox"/> others GO : stands for Gene Ontology and Traits : is for phenotype traits
Plant type	<input type="checkbox"/> Dicot <input type="checkbox"/> Monocot <input type="checkbox"/> Others If Others is the option please specify: :
Definition of suggested term*	(Please try to provide the scientific definition)
Parent term-1 (if any)	
Relationship to existing parent term-1	<input type="checkbox"/> is a child of (instance of) <input type="checkbox"/> is a part of <input type="checkbox"/> is a Ontology ID No (if available):
Parent term-2 (if any)	

Relationship to existing parent term-2	<input type="checkbox"/> is a child of (instance of) <input type="checkbox"/> is a part of <input type="checkbox"/> is a Ontology ID No. (if available):
<b>Reference for new suggestion</b>	
Reference category*	<input type="checkbox"/> Published <input type="checkbox"/> Personal communication <input type="checkbox"/> Curator (Gramene, IRRI, TAIR, MaizeDB)
Ref. Curator (For internal use only)	<input type="checkbox"/> PJ <input type="checkbox"/> LV <input type="checkbox"/> RB <input type="checkbox"/> LR (select only when opted the Curator option in Ref. category)
Ref. Source	<input type="checkbox"/> PubMed <input type="checkbox"/> ISBN <input type="checkbox"/> Website <input type="checkbox"/> Database <input type="checkbox"/> Others
Ref. Details	(please provide the complete citation for the reference)
Comments (if any)	

**Information about the contributor**

Name*	<input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(First name)</span> <span>(Middle Initial)</span> </div>
Last Name*	
Affiliation	<input type="checkbox"/> Academic <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Others
Department	
Organization	
Street	
City, State	
Country	Zip code
Phone	
Fax	
E mail*	