

HERBARIUM PLANT IDENTIFICATION REQUEST FORM
(submit with Physical Samples or photos)

LAB USE ONLY

DATE SENT: _____

PDIS NUMBER: _____

Rec. date: _____

Resp. date: _____

*DATE SENT: _____

PDIS NUMBER (IF APPROPRIATE) _____

CONTACT INFORMATION:

*YOUR NAME: _____

*AFFILIATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

HOW TO CONTACT: PDIS ___ MAIL ___ PHONE ___ EMAIL ___

OTHER CONTACT (CLIENT INFORMATION):

NAME: _____

AFFILIATION: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

CONTACT BY: MAIL ___ PHONE ___ EMAIL ___

-----**Sample Information**-----

How many samples? _____ (please identify separate samples with a unique letter or number)

Date of collection _____ County _____ State KS or other _____ Location _____

Around House: Lawn ___ Garden ___ Potted Plant _____

Cultivated Field _____ Cultivated Hayfield or Pasture _____ CRP land _____ OTHER _____

Natural lands: Forested _____ Pasture _____ Hay meadow _____

SITE CONDITIONS: Dry Upland ___ Wet Lowland or Springy ___ POND/Aquatic _____

SOIL: Sand ___ Clay ___ Loam ___ Rocky _____

Specific Location and Plant description and a context for the request:

Additional Comments:

Send fresh plant samples DRY in a plastic bag with no added water, towels etc. or send plants pressed flat and dried in a stack of paper or phone book, newspaper.

REMOVE SOIL FROM SAMPLES BEFORE SENDING

TREE/SHRUB: Send a shoot with leaves and, if possible flowers or fruits, and describe the plant growth form.

GRASSES: Collect some of the ROOTS/RHIZOMES and "seed heads" if possible

FRUITS and FLOWERS are always better than anything else.

No Charge for Plant identification. Please specify if a RUSH is necessary!

SEND SAMPLES TO:

Herbarium
Division of Biology
Ackert Hall
Manhattan, Kansas 66506-4901

CONTACT:

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