# **Plant/Weed Identification Form**

| UNIVERSITY OF MISSOUI  |        | lant Diagn              | ootio      | Clinia        | Lah Na   |                  |                                 |  | For lab use only  |  |
|--|--------|-------------------------|------------|---------------|--|------------------|---------------------------------|--|-------------------|--|
| Plant Diagnostic Clinic Lab No Condition on arrival                                  |        |                         |            |               |  |                  |                                 |  |                   |  |
| <b>ULAUCIISIOII</b> 28 Mumford Hall  |        |                         |            |               |  |                  | Good                            |  |                   |  |
| University of Missou   |        |                         |            |               |  |                  |                                 |  |                   |  |
| Columbia, MO 65211   |        |                         |            |               |  |                  |                                 |  |                   |  |
| Contact us: 573-882-3019 Fax: 573-884-4288 Emai                                      |        |                         |            |               | clinic@missouri.edu http://plantclinic.missouri. |                  |                                 |  | souri.edu/        |  |
| Mail reply to: Submitter   | Client | Charge: \$15 pe         | er sample  | 1             |  | Make chec        | k payable to                    | the Univers  | sity of Missouri. |  |
| Fax reply to: Submitter  | Client |                         | -          |               |  | Plea             | ise use a sepa                  | arate form f   | or each sample.   |  |
| Email reply to: Submitter  | Client |                         |            |               |  |                  |                                 |  |                   |  |
| Send bill to: Submitter  | Client |                         |            |               |  |                  |                                 |  |                   |  |
| Submitted by:  |        | Submitted for (client): |            |               |  |                  |                                 |  |                   |  |
|  |        |                         |            |               | siness name:                                     |                  |                                 |  |                   |  |
|  |        |                         |            |               |  |                  |                                 |  |                   |  |
|  |        |                         |            |               | City/state/ZIP:                                  |                  |                                 |  |                   |  |
| Phone: Fax:  |        |                         |            |               | Phone: Fax:                                      |                  |                                 |  |                   |  |
| Email:   |        |                         |            | Email:        |  |                  |                                 |  |                   |  |
| Information about submitter/client   | Submit | ter Client              |            |               | mitter C   | lient            |                                 | Submitter  | Client            |  |
| Submitter Client   |        | Farmer/gro              | wer        |               |  | Landscaper       |                                 |  | Consultant        |  |
| Extension educator   |        |                         |            |               |  | Garden cente     | er                              |  | Other             |  |
| Homeowner Lawn/tree care compa   |        |                         |            |               |  | Nursery          |                                 |  |                   |  |
| Please provide the following inform pertinent, useful and interesting inf            |        | out your sample. T      |            | -             | inic will m                                      | -                | fort to identif                 | y your sam   | ple and provide   |  |
| County where collected   |        |                         |            | Amo           | ount of are                                      | a infested       |                                 |  |                   |  |
| Date collected   |        |                         |            |               | Weed coverage                                    |                  |                                 |  |                   |  |
| Location of plant or weed and other surrounding crops or plants                      |        |                         |            |               | Less than 1 percent                              |                  |                                 | Please check one:                                      |                   |  |
| Cultivated field, crop   |        |                         |            |               | 1 – 5 percent                                    |                  |                                 |  |                   |  |
| Pasture, forage type   |        |                         |            |               | 6 – 30 percent                                   |                  |                                 | Identification only                                    |                   |  |
| Hay field, type  |        |                         |            |               | 31 – 66 percent                                  |                  |                                 | identification emy                                     |                   |  |
| Lawn, grass type   |        |                         |            |               | 67 – 100 percent                                 |                  |                                 | Identification and<br>control information<br>requested |                   |  |
| Garden, type (flower, herb, etc.)  |        |                         |            | Habitat       |  |                  |                                 |  |                   |  |
| Roadside, right of way, etc  |        |                         |            | Bottom land   |  |                  |                                 |  |                   |  |
| Other (pond, forest, etc.)   |        |                         |            |               | Upland   |                  |                                 |  |                   |  |
| Occurred previously? No Yes  |        |                         |            |               | Well-drained                                     |                  |                                 |  |                   |  |
| If yes, when?  |        |                         |            |               | Poorly drained                                   |                  |                                 |  |                   |  |
| Use this space to provide additional inf<br>interest to you with this plant? Email p |        |                         |            | a tree, shrub | or woody v                                       | ine. Is toxicity | suspected? Is                   | s edibility or   | forage value of   |  |
|  |        | Identifi                | cation and | l recommen    | dations  |                  |                                 |  |                   |  |
| Name of plant  |        |                         |            |               |  |                  |                                 |  | For lab use only  |  |
| Common:  |        |                         | Sc         | ientific:     |  |                  |                                 |  |                   |  |
| Comments concerning plant:   |        |                         |            |               |  |                  |                                 |  |                   |  |
| Suggested control:   |        |                         |            |               |  |                  |                                 |  |                   |  |
| Date sent:   |        |                         | Sig        | gnature       |  |                  |                                 |  |                   |  |
|  |        |                         |            |               |  | See re           | everse side of<br>collecting an | f form for i   |                   |  |

## Plant/weed identification

- Do not send a dead plant.
- Do not ship a wet plant, and do not include wet paper towels. Excess moisture can promote microbial growth or plant decay.
- Place plant samples in a plastic bag within the packing container; shopping bags work well for this. Tie the handles together to enclose the sample.
- Do not send fleshy samples (mushrooms, fruit, etc.) in plastic bags. These types of samples need to "breathe."
- Send samples as soon as possible after collection. It is best to ship a sample early in the week to avoid having the sample sit at a shipping facility over the weekend.

#### Collection

- For herbaceous plants (plants with green or soft-tissue stems that die back each year) or grasses: The entire plant should be dug, not pulled, from the soil so that the roots or a representative portion remain relatively intact to a depth of approximately 4–5 inches. If rhizomes, bulbs or tubers are present, include these with the basal portion of the plant. If the plant is flowering or fruiting (seeding), send a portion of this part of the plant. Tall plants can be folded once or twice, or cut into shorter lengths for shipping purposes.
- For woody plants such as trees, shrubs or woody vines: It is necessary to have an end portion of a leafy branch with at least five leaves or buds if collected in fall or winter. Include flowers or fruit if they are present. Fresh or dried leaves or fruit found beneath the tree, shrub or vine known to come from the same plant are also valuable. If thorns are present, be sure they are included in the samples. If the plant is a woody vine, include a portion of the vine bearing representative leaves, tendrils (if present) that wrap around plants or other supports, and flowers or fruits (seeds), if present.
- Leaves of dicots or so-called broad-leafed plants may be of two types: simple or compound. It is therefore inadvisable to send for identification what appears to be a single leaf. As a rule, unless it is unusually distinctive or from a common plant, it does not provide enough information for accurate identification.

# Packing and shipping

- Place the sample in a sturdy container to avoid crushing during transit.
- Use crumpled paper as padding around the sample.
- Place the submission form inside the package. If there is moisture in your sample, enclose the submission form inside separate plastic bag.
- No padding is necessary if you drop off a sample at the Plant Diagnostic Clinic, but please have sample and submission form in a container to avoid potential mix-ups.
- Mail as soon after collection as possible. Mail early in the week to avoid weekend delay.
- If you collect a sample on the weekend, keep it cool until you are able to ship it. If the sample is herbaceous, not woody, keep it moist until shipping. Damp paper towels work well for this.
- When shipping, confirm with your carrier that there are no restrictions on the type of sample you are sending.

### Notes

- Drop-off hours are: Monday Friday, 9 a.m. 4 p.m.
- There is a 30-minute parking spot located behind Mumford Hall. The clinic is located in the basement. If no one is in the office, please leave the sample and submission form together on the desk beside office door.
- Include a submission form for each sample being sent. If sending multiple samples, place each sample in a separate plastic bag, and be sure to include a separate submission form for **each** sample included in the package.
- Use a pencil to fill out the submission form to avoid any ink smears from moisture in the package.

Submit samples to: Plant Diagnostic Clinic

28 Mumford Hall University of Missouri Columbia, MO 65211

