

MUSHROOM SPECIMEN IDENTIFICATION FORM

Please fill out the form as completely as possible. Send all three copies with the specimen submitted for identification. Use a separate form for each specimen.

- 1) Date Collected: _____
- 2) County: _____
- 3) Name of collector: _____
- 4) Address of collector: _____ City _____
- 5) Where was the specimen found? lawn with trees (kind of trees _____) lawn without trees
 other (complete if possible) _____
- 6) What was it growing on? wood dung grass unknown
 other (complete if possible) _____
- 7) Was it growing in clumps or alone? Clumps (clusters) alone
- 8) Diameter of the cap in inches (approximate): largest cap _____ smallest cap _____
- 9) Height of the mushroom in inches (approximate): tallest _____ smallest _____
- 10) Additional remarks: _____

- 11) Agent's signature _____

SHIPPING NOTES

Please send at least two specimens for each identification. Include the whole mushroom: cap, stem, and **—most important—**any underground structures. Submit average-size specimens, not the largest or the smallest. Wrap each specimen in wax paper. **Do not wrap different specimens together!** Mail in a sturdy box.

- PLEASE **DO NOT**:
- a) place mushroom in a plastic bag
 - b) mail in an envelope

IDENTIFICATION

(To be completed by specialist)

- 12) Identification: _____
- 13) Common name: _____
- 14) Recommendations: _____

- 15) Signed: _____
- 16) Poison Control Center (Denver 1-800-525-5042) (Great Falls 406-761-1200)