



MUSHROOM SPECIMEN IDENTIFICATION FORM

Schutter Diagnostic Lab
119 Plant BioScience Facility
Montana State University
Bozeman, MT 59717

Date Collected: _____ County: _____

Name of collector: _____ Email: _____

Address of collector: _____ Phone: _____

City, Zipcode: _____

Where was the specimen found? lawn with trees (kind of trees _____)
 lawn without trees
 other (complete if possible) _____

Was it growing on? wood dung grass unknown
 other (complete if possible) _____

Was it growing in clumps or alone? Clumps (clusters) alone

Diameter of the cap in inches (approximate): largest cap _____ smallest cap _____

Height of the mushroom in inches (approximate): tallest _____ smallest _____

*****WHAT IS YOUR PURPOSE IN KNOWING THE IDENTIFICATION OF THIS MUSHROOM
(DO YOU WANT TO EAT IT OR GET RID OF IT)?**

Additional remarks: _____

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 or newspaper. **Do not wrap different specimens together!** Mail in a sturdy box.

PLEASE **DO NOT**: Place mushroom in a plastic bag or mail in an envelope!

IDENTIFICATION (to be completed by specialist)

Identification: _____

Common name: _____

Recommendations: _____

