

Mail completed form and sample to:

Schutter Diagnostic Lab  
Montana State University  
119 Plant BioScience Bldg  
P.O. Box 173150  
Bozeman, MT 59717-3150

# Plant Identification Form

Date: \_\_\_\_\_ (MM/DD/YYYY)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/County: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Send samples as soon as possible after collecting. Do not expose them to extreme temperatures.

Collected by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

County sample was collected in: \_\_\_\_\_ City, town, or landmark: \_\_\_\_\_

Select the habitat the sample was found in (PDIS host):

- |                                   |                                    |                                |                                   |                                       |
|-----------------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cropland | <input type="checkbox"/> Rangeland | <input type="checkbox"/> House | <input type="checkbox"/> Roadside | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pasture  | <input type="checkbox"/> Forest    | <input type="checkbox"/> Lawn  | <input type="checkbox"/> Aquatic  | _____                                 |

Crop or field type: \_\_\_\_\_ Other details: \_\_\_\_\_

Sample is from this form of plant:

- |                                |                               |   |                                       |
|--------------------------------|-------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Grass | <input type="checkbox"/> Tree | <input type="checkbox"/> Herb (wildflower/forb) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Shrub | <input type="checkbox"/> Vine | <input type="checkbox"/> Moss                   | _____                                 |

Describe the canopy cover (sun/shade) and soil moisture levels (low lying area/dry/south facing):

\_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Submitting several entire plants, including flowers and fruit, will ensure accurate and prompt ID. More information can be found on the Schutter Diagnostic Lab website: [diagnostics.montana.edu](http://diagnostics.montana.edu)

This section is for Extension office use

Agent: \_\_\_\_\_ County: \_\_\_\_\_

Administrative staff/Personnel: \_\_\_\_\_

Email addresses that reports should be sent to: \_\_\_\_\_

Can a diagnostician contact the client with questions?  Yes  No