PLANT IDENTIFICATION REQUEST

FROM: Name: _____ Date:_____
Email: _____
Phone: _____
Company: _____
Address: _____
_____
_____
Book-keeper: _____
Phone: _____

Cost per sample: $20
You will be invoiced separately.

Mail samples to:
Herbarium (NCSC)
Department of Plant Biology
Campus Box 7612
NC State University
Raleigh, NC 27695-7612

SAMPLE NO. :_____ (Use separate sheet for each sample)

SPECIMEN COLLECTION AND MAILING INSTRUCTIONS

1. Give as complete information as possible below.
2. Provide as complete a specimen as possible, including stem with leaves attached, basal leaves (if any), flowers, fruits, bulbs, rhizomes, tubers.
3. Press and dry the specimen in a fold of newspaper weighted with a board or heavy box for a few days; or, blot excess water from the specimen, place in a plastic bag, and send immediately. Number specimens if needed.
4. Seal the envelope or box and pack to prevent breaking or crushing the plant. Enclose this sheet.

LOCALITY OF PLANT: _____ _____ _____
COUNTY CITY STATE

HABITAT: Forest, field, aquatic/wetland, garden, yard, crop (circle one) _____ (other)

GROWING: Wild or cultivated (circle one)

HABIT: Tree, shrub, herb, vine (circle one) Approximate age or size_____

ANY OTHER IMPORTANT INFORMATION: _____