

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: _____

Zip Code: _____

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):

- Cropland Rangeland House Roadside Other: _____
 Pasture Forest Lawn Aquatic _____

Crop or field type: _____ Other details: _____

Sample is from this form of plant:

- Grass Tree Herb (wildflower/forb) Other: _____
 Shrub Vine 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

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