

PLANT IDENTIFICATION REQUEST FORM
CALIFORNIA BOTANIC GARDEN

Contact information

Name: _____ Date: _____

Institution/Agency Affiliation: _____

Address: _____

Phone: _____ E-mail: _____

Sample number: _____ (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, roots, bulbs rhizomes, tubers.
3. Press and dry specimen flat in a fold of newspaper. Number specimens if needed.
4. Securely fasten specimen between two pieces of cardboard and send in a padded envelope or box to prevent breaking or crushing the plant. Enclose this sheet.

Specimen Information

Date of collection: _____ Collector: _____

Location of plant: _____
State County City

Additional location information (nearest town, major landmark): _____

Elevation: _____ feet, meters (circle one)

Habitat (plant community where found): _____

Frequency (how many in vicinity?): rare, occasional, frequent, abundant (circle one)

Cultivated? Yes or No If cultivated, originally obtained from where? _____

Habit: tree, shrub, herb, vine (circle one) Height: _____

Sap: milky, clear, black, red, yellow or _____

Flower: color _____ fragrance (if any): _____

Fruit: color _____ size/shape: _____

Additional information about specimen: _____

Send one form per sample to:

Mare Nazaire
California Botanic Garden Herbarium
1500 North College Avenue
Claremont, CA 91711-3157