

PLANT IDENTIFICATION REQUEST –ASU Herbarium

FROM:

Date:

Email:

Phone:

Address:

Collector:

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 (in Arizona, inside a hot car will do the job).

LOCALITY OF PLANT (including gps coordinates if possible):

**Mail samples to:
Herbarium
School of Life Sciences
Arizona State University
PO Box 874501
Tempe, AZ 85287-4501**

Specimens may also be hand-delivered during regular business hours to the Herbarium on the ASU Main Campus, Life Sciences C-Wing 382

STATE, COUNTY, CITY:

HABITAT: Desert, forest, field, aquatic/wetland, garden, yard, crop (circle one) (other, describe):

GROWING: Wild or cultivated (circle one)

HABIT: Tree, shrub, herb, vine (circle one)

Approximate age or size:

ANY OTHER IMPORTANT INFORMATION:

ANY INFORMATION REQUESTED BESIDES IDENTIFICATION: