

SPECIMEN FOR DETERMINATION

- Identification IS BASED ON THE INFORMATION AND SAMPLE PROVIDED -

SUBMITTER'S NAME:		Date:	
MAILING ADDRESS:		SAMPLE (A):	
CITY, STATE, ZIP:		SAMPLE (B):	
EMAIL RESULTS TO:		SAMPLE (C):	
TELEPHONE:		Photos Attached in Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Detailed Location:

Coordinates:
(Or Thomas Guide Map Grid)

Description of Patch Size/Density:	Location Type		
	Habitat Type: <input type="checkbox"/> Forest <input type="checkbox"/> Shrubland <input type="checkbox"/> Grassland <input type="checkbox"/> Riparian	Area of County: <input type="checkbox"/> Coastal <input type="checkbox"/> Mountain <input type="checkbox"/> Desert <input type="checkbox"/> Other:	Land Classification: <input type="checkbox"/> Wilderness <input type="checkbox"/> Agriculture <input type="checkbox"/> Urban <input type="checkbox"/> Roadside <input type="checkbox"/> Park: <input type="checkbox"/> County <input type="checkbox"/> City Park Name:

Plant Description:

- Please allow at least 10 – 14 days for results -

*** OFFICE AND LABORATORY USE ONLY ***

Inspector: _____ Date received: _____ Received by: _____
 Please copy inspector Lab number: _____

DIAGNOSIS:

Determined by: _____ Date: _____