



PLANT/WEED IDENTIFICATION REQUEST FORM

New Mexico State University – Plant Diagnostic Clinic



*****Diagnostic Lab Use Only - Do Not Write In Box*****

Sample No. _____

Date Sample Received: _____

PLEASE REMEMBER...Successful plant or weed identification is a *team* effort. Proper identification begins with the submission of a good-quality specimen accompanied by accurate and complete information. Please follow these guidelines and submit the best sample possible (if the sample is insufficient for identification, you will be asked to submit a new sample). Additional information and submission guidelines can be found at: <http://plantclinic.nmsu.edu>.

If you have any questions, please call before submitting your sample (575-646-1965).

COLLECTION:

1. **DO NOT** send dry or dead material.
2. Send a representative sample from **all parts** of the plant.
3. Press the sample between two pieces of cardboard or wrap sample in dry paper towel or newspaper and place in a paper or plastic bag. Do not use plastic if there is a lot of moisture associated with the sample. Never add moisture to any sample.
4. High quality, in-focus images can be extremely useful in identifying plants and weeds. Useful images show plant details, such as growth habit, leaf and stem characteristics, and flower and fruit characteristics.
5. Submit a **completed** Plant/Weed Identification Request Form. Processing of the sample may be delayed for specimens received without the proper form or if information provided is insufficient.

PACKING:

1. Keep sample cool prior to shipment.
2. Pack the sample carefully in a sturdy box or padded envelope. Be sure not to crush specimens.
3. Mail immediately (***overnight delivery is recommended***). Avoid mailing over weekends and holidays.

Please be advised, if pests of regulatory significance are identified on submitted samples, we are required to notify the New Mexico Department of Agriculture.

ADDRESS PACKAGE TO:

New Mexico State University
Attn: Plant Diagnostic Clinic
P.O. Box 30003, MSC 3AE
Las Cruces, NM 88003

For Overnight UPS or Fed Ex:

New Mexico State University
Attn: Plant Diagnostic Clinic
945 College Avenue
Skeen Hall Room W242
Las Cruces, NM 88003

PLEASE FILL OUT THE FOLLOWING:

Grower/Homeowner (Name, Address, Phone No.)

Submitted by: (If different from grower)

E-Mail Address: _____

TYPE OF SUBMISSION: Digital image(s) Physical sample Digital image(s) and physical sample

WHERE WAS THE PLANT FOUND? _____

IS THIS A PROBLEM IN A CROP? No Yes

If yes, name the crop _____ If yes, what percent of the field is infested with the weed? _____

WEED TYPE: Forb/Herbaceous Grass Woody Cacti

DURATION: Annual or Biennial Perennial

MILKY JUICE: Present Absent

SPINES, THORNS OR PRICKLES:

On stems: Present Absent

On Leaves: Present Absent

On fruit: Present Absent

On flowers: Present Absent

GROWTH HABIT AT MATURITY: Prostrate Spreading, ascending to erect Climbing or viney

LEAF ARRANGEMENT: Basal Opposite Alternate Whorled

LEAF TYPE: Subdivided into leaflets Not subdivided, lobed Not subdivided, not lobed

PRESENCE OF LEAF TENDRILS: Present Absent

LEAF SUCCULENCE: Succulent Not succulent

STEM SHAPE: Flattened Round Triangular Winged

FLOWER COLOR: Pink to Red Yellow Green Orange Blue to Purple

White to Cream Brown to Black

FLOWER SYMMETRY: Symmetric Asymmetric

Other Flower/Fruit Characteristics:

In what season or month is the plant in flower? _____

What size are the flowers? _____

Describe the fruit: _____