

REQUEST FOR PLANT INFORMATION  
University of Florida Herbarium

Date \_\_\_\_\_

County Extension Agent  
(or Other Person/Specialist Sending Specimens)

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

Individual Requesting Information

\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

Project title (if identification is for use in a specific research project): \_\_\_\_\_

**Mailing information and specimen preparation: Please see the back of this form for important instructions.**

**Specimen information:** Please provide complete information. This will assist in getting a correct identification.

- **Date of collection:** \_\_\_\_\_ **Frequency** (how many in vicinity?): rare, occasional, frequent, common
- **Cultivated?** Yes or No If cultivated, originally obtained from where? \_\_\_\_\_
- **Flower:** color \_\_\_\_\_; **Fruit:** color \_\_\_\_\_, **Fruit:** size/shape \_\_\_\_\_
- **Habit:** tree, shrub, herb, vine; height \_\_\_\_\_ **Sap:** milky, clear, black, red, yellow or \_\_\_\_\_
- **Habitat** (plant community where found): \_\_\_\_\_
- **Location** where this sample was growing (street address or direction and distance to nearest major landmark, highway, lake, town, etc.): \_\_\_\_\_  
\_\_\_\_\_

**Additional information** about specimen: \_\_\_\_\_

**Information requested** (name, toxicity, etc.): \_\_\_\_\_

Send one form per sample to:

UNIVERSITY OF FLORIDA HERBARIUM  
FLORIDA MUSEUM OF NATURAL HISTORY  
379 DICKINSON HALL  
PO BOX 110575  
GAINESVILLE FL 32611-0575

Phone: 352-273-1990  
E-mail: plantid@flmnh.ufl.edu

**Identification.** (Please do not write in this space.)

