



# 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)**

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**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: \_\_\_\_\_