

Lab Number _____

University of Kentucky • College of Agriculture

Weed Identification Form

Directions for collection of samples: Collect as much of plant as possible (roots, leaves, stems, flowers, etc.). When sending plant specimens for identification, **do not** add water or wrap in damp towel.

Send specimens to address below and mail copy of form to: WeedID@uky.edu

Weed Science Herbarium
117 Plant Science Building
1405 Veterans Drive
University of Kentucky
Lexington KY 40546-0312

*** Information required before sending via Email**

*Submitted for: _____

*Date: _____

Address: _____

STEPS for Submission:

Address: _____

Phone/Contact: _____

Identification ONLY ?

Identification and Control Recommendations ?

Weed collected from the following area:

- | | | | | |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Corn | <input type="checkbox"/> Grain sorghum | <input type="checkbox"/> Alfalfa | <input type="checkbox"/> Grass pasture | <input type="checkbox"/> Aquatic |
| <input type="checkbox"/> Soybean | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Alfalfa/grass mixture | <input type="checkbox"/> Hayfield | <input type="checkbox"/> Non-cropland |
| <input type="checkbox"/> Lawns/Turf | <input type="checkbox"/> Vegetable _____ | <input type="checkbox"/> Fruit trees _____ | | |
| <input type="checkbox"/> Ornamental _____ | <input type="checkbox"/> Small fruits _____ | <input type="checkbox"/> Other _____ | | |

Describe special characteristics and other details if necessary: _____

*Signature _____
(County Extension Agent or Collector)

*County _____

Identification and Control

Date _____
(Specialist or Diagnostician)