

Instructions for Sending/Delivering

PLANT SPECIMENS

For Identification

IMPORTANT

**Samples will not be examined unless the below guidelines are followed
and the attached information sheet is completely filled out**

Samples must reach us in good condition to make a positive identification possible.
Please follow the directions below.

1. **DO NOT CRUSH SAMPLE.**
2. **DO NOT PLACE TAPE OVER SAMPLE.**
3. Provide an 8-12" (minimum) sample of stem with leaves, flowers, berries, etc, if possible.
4. Provide as fresh a sample as possible.
5. Wrap the sample in paper or cellophane.
6. Pack the sample in a crush-proof box or envelope.
7. **COMPLETE ATTACHED FORM IN FULL.**
 - All samples will be examined as soon as possible. It may take a week or two during the peak growing season. No fee is required.
Please forward all samples to:
Rutgers Cooperative Extension of Middlesex County Attn: Agriculture,
42 Riva Ave. Davidson's Mill Pond Park
North Brunswick, NJ 08902
 - If you require a response within a week and a more comprehensive report, we recommend you contact the Plant Diagnostic Lab on Cook Campus, Rutgers University. There is a fee for each sample. More information about the service can be obtained through our office or their website at NJAES.Rutgers.edu/plantdiagnosticlab. Submission forms can be printed from the site and sent with the sample to the address provided on the form.

PLANT IDENTIFICATION FORM

Date: _____

Name: _____

Address: _____

Telephone: (Home) _____ (Business) _____ (Cell) _____

E-Mail: _____

Would you like to receive e-mailed Constant Contact notices about programs from Rutgers Cooperative Extension of Middlesex County _____ Yes _____ No

PERTINENT INFORMATION (Please answer appropriate questions):

Form of plant (circle one): Vine Shrub Tree Groundcover Weed

Location of plant: (by driveway, SW corner of house, etc.):

Light Conditions (circle one) : Sun Shade Part Shade

Soil Conditions (sandy, wet, good drainage, etc.)

Size of plant, length of time in this location:

Describe flowers, berries, leaves etc., if any:

Comments:

Office Use Only:

Diagnosis/Recommendation: _____

Referral: _____

Fact Sheets/Material Sent:

Agent/Program Associate/Program Assistant/MG