

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. If possible, plants should be pressed out flat and packed between pieces of cardboard.

**Send specimens and copy of form to:**

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

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**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 \_\_\_\_\_  
(County Extension Agent or Collector)

## Identification and Control

Date \_\_\_\_\_  
(Specialist or Diagnostician)