

Schutter Diagnostic Lab
Montana State University
119 Plant BioScience Bldg
P.O. Box 173150
Bozeman, MT 59717-3150

Aquatic Plant Identification Form

Date: _____ (MM/DD/YYYY)

Name: _____ Email: _____

Address: _____ City/County: _____

_____ Phone: _____

Aquatic samples deteriorate quickly. Wrap specimens around layers of wet paper towels, then place in a sealed plastic bag. Ship in a Styrofoam cooler with an ice pack. Photos help to identify deteriorated plants; take pictures of the leaf shape, leaf arrangement, roots, and flowers or seed.

Collected by: _____ Phone: _____

Address: _____ Email: _____

County sample was collected in: _____ City, town, or landmark: _____

Select the habitat the sample was found in:

Stream/River Pond Lake (10+ acres) Aquascape

Other: _____ Name of water body: _____

Sample is from this kind of plant: Landscape Wild Other: _____

Sample is this form of plant: Moss Broadleaf Grass Other: _____

Additional information: _____

A diagnostician will be in touch shortly after your submission is analyzed. Further information and additional forms are available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions? Yes No