

University of Idaho Plant/Weed Identification Request Form

<http://www.uidaho.edu/weeds>

Erickson Weed Diagnostic Laboratory

PSES Dept., University of Idaho
Moscow, Idaho 83844-2339

Date: _____
Phone: _____
Fax: _____

Submitter's Name: Latah Co. Master Gardeners		Client's Name: _____	
Business: Latah County Extension		Business: _____	
Address: P.O. Box 8068/220 E. 5 th Street, Room 336		Address: _____	
City/State/Zip: Moscow, ID 83843		City/State/Zip: _____	
County: Latah	Phone: 883-2267	County: Latah	Phone: _____
Fax: 882-8505	E-Mail: latah@uidaho.edu	Fax: _____	E-Mail: _____

Required data for Plant Identification

Weed location (GPS or from county map): Latitude: _____ Longitude: _____ Quarter-Section: _____ Section: _____
Range: _____ Township: _____

Approximate directions to or description of the location:

Web source for Latitude/Longitude data (<http://terraserver.homeadvisor.msn.com/address.aspx>). Do address search then click on Available Image (topo map) click on INFO button, Lat/Long will appear on map.

In what situation were the plants found

<input type="checkbox"/> Turf/Lawn	<input type="checkbox"/> Vegetable garden	<input type="checkbox"/> Flower bed	<input type="checkbox"/> Orchard
<input type="checkbox"/> Field/Crop	<input type="checkbox"/> Pasture	<input type="checkbox"/> Meadow	<input type="checkbox"/> Forest
<input type="checkbox"/> Riparian	<input type="checkbox"/> Aquatic	<input type="checkbox"/> Roadside	<input type="checkbox"/> Other _____

Plant Information

Plant size:	Flowers:	Fruits:	Plant age:	Root system:
Height (inches): _____	Color: _____	Color: _____	<input type="checkbox"/> Annual	<input type="checkbox"/> Taproot
Width (inches): _____	Size (inches): _____	Size (inches): _____	<input type="checkbox"/> Perennial	<input type="checkbox"/> Fibrous
				<input type="checkbox"/> Rhizomes
Plant type: <input type="checkbox"/> Tree <input type="checkbox"/> Shrub <input type="checkbox"/> Vine <input type="checkbox"/> Herbaceous <input type="checkbox"/> Evergreen				

Unique features (leaves, odor, thorns, etc.): _____

Additional Plant and Site Information

How many years at Location:	Area infested:	Ground covered:
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> A few plants	<input type="checkbox"/> Less than 1%
<input type="checkbox"/> 1 year	<input type="checkbox"/> Less than 1 acre	<input type="checkbox"/> 1 to 10%
<input type="checkbox"/> 2 to 5 years	<input type="checkbox"/> 1 to 10 acres	<input type="checkbox"/> 10 to 50%
<input type="checkbox"/> More than 5 years	<input type="checkbox"/> 10 to 100 acres	<input type="checkbox"/> 50 to 100%

If it is causing concern, describe the reason and the problem: _____

Information requested other than identification: _____

Prescription for control depends on a great many factors; more background information may be needed to prescribe a control measure. Inquire of your county agricultural Extension Educator weed specialist or other licensed consultant if control information is requested.