



<b>Lab number</b> <hr/>
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Rev. 3/07

**PLANT / WEED IDENTIFICATION AND CONTROL**

Items with \* must be completed for control recommendations to be provided.

Client \_\_\_\_\_  
 OR Company name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ **(FEE APPLIES)**

\*Client type \_\_\_ Commercial \_\_\_ Residential

Email \_\_\_\_\_

County \_\_\_\_\_ Account \_\_\_\_\_

Submitter \_\_\_\_\_ Email copy to \_\_\_\_\_

Date collected \_\_\_\_\_ Date submitted \_\_\_\_\_ Mail report \_\_\_ **(No email and not working with Co. Agent)**

<p><b>FEE (check where applicable)</b>  <u>Complete one form for each sample submitted.</u></p> <p>___ \$10.00: Identification and control recommendations.        ___ \$20.00: Out of state sample        ___ \$ 1.00: Fax fee (Include Fax No.)</p> <p>\$ _____ <b>FEE</b>    <b>Check No.</b> _____</p> <p>Make checks payable to Clemson University or as directed by county.</p>
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**PLANT OR WEED INFORMATION.**

Items with \* must be completed for control recommendations to be provided. Other information helps with id.

1. Suspected identification and/or additional comments \_\_\_\_\_  
 \_\_\_\_\_  
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\*2. Common name of infested crop, or planting \_\_\_\_\_

3. Planting date or age/stage of infested crop \_\_\_\_\_

4. Degree of infestation \_\_\_ slight \_\_\_ moderate \_\_\_ severe \_\_\_ not applicable

5. Previous herbicide(s) used for control

what \_\_\_\_\_ rate \_\_\_\_\_ when \_\_\_\_\_  
 what \_\_\_\_\_ rate \_\_\_\_\_ when \_\_\_\_\_  
 none used \_\_\_ unknown \_\_\_

6. If weed is in pasture, is livestock present? Yes \_\_\_ No \_\_\_

7. Type of plant to be identified \_\_\_ aquatic \_\_\_ grass \_\_\_ herbaceous \_\_\_ shrub \_\_\_ tree \_\_\_ vine \_\_\_ other \_\_\_\_\_

8. Growth habit \_\_\_ upright \_\_\_ low growing \_\_\_ climbing \_\_\_

9. Flower/fruit Information: Season or month in flower \_\_\_\_\_ Color of flowers \_\_\_\_\_

10. Season or month in fruit/seed \_\_\_\_\_ Type of fruit/seed \_\_\_\_\_

\*11. Plant/weed location \_\_\_ field \_\_\_ forest \_\_\_ greenhouse \_\_\_ landscape - commercial \_\_\_ landscape - home \_\_\_ nursery-retail \_\_\_ nursery-wholesale \_\_\_ orchard \_\_\_ pasture \_\_\_ pond \_\_\_ turfgrass \_\_\_ vegetable/herb garden \_\_\_ other \_\_\_\_\_

12a. For pond weeds only, are fish present? Yes \_\_\_ No \_\_\_

12b. If the pond water pH is known, please indicate reading here \_\_\_\_\_