1426 E 750 N Suite 202 Orem, UT 84097 Phone: 385-268-6530 gardenhelp@usu.edu horticultureassistant@usu.edu

## Plant/Weed ID Diagnostic Lab Form \$2.00 paid\_





Date:			
NAME:		□ Commercial □ Homeowner	
Phone Number:			
Primary	Other	Other	
Email Address:			
Mailing Address:			
City:	State:	Zip Code:	
Where was the pla	ant found? (please give details)		
□ Lawn	□ Shrub/flower bed	□ Vegetable garden	□ Nursery
□ Greenhouse	□ Canyon/Forest	□ Streamside	□ Other (describe)
How big was the p	plant?		
Height:			
Width:			
Do you want to be	now how to control the plant?	□ YES □ NO	
Do you want to Ki	iow now to control the plant?		

## FOR OFFICE USE ONLY:

Diagnostician	
Diagnostician Date	
Identification	
Control	
Comments	
D-4- D1'- 1	
Date Replied	
Person Contacted	
	□ Phone □ Email □ Mail □ In Person □ Sent to Logan
Name of person who contacted them	
Statistical Reporting (Op	tional*)
Gender:	Ethnicity:
⊐ Male □ Female	<ul> <li>□ Caucasian</li> <li>□ Hispanic</li> <li>□ American Indian</li> <li>□ African American</li> <li>□ Pacific Islander</li> <li>□ Other:</li> </ul>

<sup>\*</sup>As part of the United States Department of Agriculture, USU Extension must demonstrate that it does not discriminate in the dissemination of its programs.