AGENT'S COPY **Form 212**

MUSHROOM SPECIMEN IDENTIFICATION FORM

Please fill out the form as completely as possible. Send all three copies with the specimen submitted for identification. Use a separate form for each specimen.

1) Date Collected: _____

2) County: _____

3) Name of collector: _____

4) Address of collector: _____ City _____

5) Where was the specimen found? ☐ lawn with trees (kind of trees_____) ☐ lawn without trees
☐ other (complete if possible) _____

6) What was it growing on? ☐ wood ☐ dung ☐ grass ☐ unknown
☐ other (complete if possible) _____

7) Was it growing in clumps or alone? ☐ Clumps (clusters) ☐ alone

8) Diameter of the cap in inches (approximate): largest cap_____ smallest cap_____

9) Height of the mushroom in inches (approximate): tallest_____ smallest_____

10) Additional remarks: _____

_____

_____

_____

_____

11) Agent's signature _____

SHIPPING NOTES

Please send at least two specimens for each identification. Include the whole mushroom: cap, stem, and ***—most important—***any underground structures. Submit average-size specimens, not the largest or the smallest. Wrap each specimen in wax paper. **Do not wrap different specimens together!** Mail in a sturdy box.

PLEASE **DO NOT:** a) place mushroom in a plastic bag
b) mail in an envelope

IDENTIFICATION

(To be completed by specialist)

12) Identification: _____

13) Common name: _____

14) Recommendations: _____

_____

_____

_____

_____

15) Signed: _____

16) Poison Control Center (Denver 1-800-525-5042) (Great Falls 406-761-1200)

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