

NAME:

CLINIC NAME:

MEMBER NUMBER:

PHONE:

EMAIL:



MUSHROOM IDENTIFICATION REQUEST FORM

CIRCLE THE FOLLOWING OPTIONS **ONLY IF KNOWN**

LOCATION: GARDEN / BUSHLAND / OTHER:

GROWING ON: GRASS / SOIL / MULCH / MANURE / WOOD / OTHER:

UNDER OR NEAR TREE? NO / YES, UNSURE OF TREE / NATIVE / OAK OR BIRCH

GROWTH PATTERN: SINGULAR / MULTIPLE / JOINED AT BASE

THE ABOVE CHARACTERISTICS MAY HELP IN IDENTIFICATION

TAKE 3 PHOTOS OF THE MUSHROOM ON THE GRID PAPER PROVIDED (AS DEMONSTRATED BELOW)



FRONTAL



SUPERIOR



INFERIOR

**NOTE: IDENTIFICATION MAY BE POSSIBLE WITH DAMAGED SPECIMENS
CONTACT US IF UNSURE**

