

Mushroom Identification Form

Mail completed form and sample to:

Schutter Diagnostic Lab
Montana State University
119 Plant BioScience Bldg
P.O. Box 173150
Bozeman, MT 59717-3150

Date: _____ (MM/DD/YYYY)

Name: _____

Email: _____

Address: _____

City/County: _____

Phone: _____

Use a knife to carefully pluck mushrooms from the ground, ensuring that the cap, stem, and base are included. Send specimens as soon as possible after collecting, ship in a cardboard box. Wrap mushrooms in wax paper or newspaper (no plastic bags or envelopes); do not wrap different species together. If possible, include at least 2 samples of each species. Submit average sized specimens, not the largest or smallest. Detailed instructions can be found on our website.

Where was the specimen found?

Lawn with trees

Lawn without trees

Type of trees: _____

Other: _____

What was it growing on?

Wood

Dung

Grass

Unknown

Other: _____

Was it growing in clusters, or alone?

Clumps (clusters)

Alone

Approximate diameter of cap (inches) - Largest cap: _____ Smallest cap: _____

Approximate height (inches) - Tallest: _____ Shortest: _____

What is the purpose of this identification (eradication, edibility)? _____

Additional remarks: _____

A fungus specialist will be in touch shortly after your submission is analyzed. Additional information is available on the Schutter Diagnostic Lab website: diagnostics.montana.edu

This section is for Extension office use

Agent: _____ County: _____

Administrative staff/Personnel: _____

Email addresses that reports should be sent to: _____

Can a diagnostician contact the client with questions? Yes No