

Center for Wood Anatomy Research Wood Identification Service Submission Form

Name:

Address:

Email address:

Phone number:

Date this form was filled out:

Specimen #1:

Does it have a prior identification: No Yes :

Origin known with certainty: Unknown
Uncertain Claim:
Yes Claim:

Other details:

Specimen #2:

Does it have a prior identification: No Yes :

Origin known with certainty: Unknown
Uncertain Claim:
Yes Claim:

Other details:

Specimen #3:

Does it have a prior identification: No Yes :

Origin known with certainty: Unknown
Uncertain Claim:
Yes Claim:

Other details: