

Center for Wood Anatomy Research Wood Identification Service Submission Form

Name _____

Address _____

City, State Zip _____

Email address _____

Phone Number _____

Date Submitted _____

Specimen #1: _____

Does it have prior identification: No _____ Yes _____

Origin known with certainty: Yes _____ Claim: _____

Origin uncertain: Yes _____ Claim: _____

Origin unknown: _____

Specimen #2: _____

Does it have prior identification: No _____ Yes _____

Origin known with certainty: Yes _____ Claim: _____

Origin uncertain: Yes _____ Claim: _____

Origin unknown: _____

Specimen #3: _____

Does it have prior identification: No _____ Yes _____

Origin known with certainty: Yes _____ Claim: _____

Origin uncertain: Yes _____ Claim: _____

Origin unknown: _____

By submitting this request, I accept the terms of the wood identification public service as described at:

https://www.fpl.fs.fed.us/research/centers/woodanatomy/wood_idfactsheet.php