

DBG Field Collection Information Form

Highlighted Fields: REQUIRED INFORMATION for all collections

Date Collected: _____

Collected By: _____

Collector Organization/Agency Affiliation: _____

Species: _____

work_id assigned: _____

Frequency (circle one): abundant common frequent occasional rare

Population Name: _____

Element Occurrence ID: _____

Landowner/Land Manager: _____

Permit #: _____

GPS point: _____

Zone (circle one): 12 13

Datum (circle one): NAD27 NAD83

State: _____

other: _____

County: _____

For Seed Collections

Total Number Seeds Collected _____

Total Number Plants Collected From _____

For Herbarium Collections

Primary Collector _____

Collector number(s) _____

Notes:

For Tissue Collections

Total Number Plants Collected From _____

DBG Field Collection Individual Information Form

Individual	Individual ID	Collection Type	Number Collected	Latitude/Northing	Longitude/Easting	Photo #	
1		S T H O					
2		S T H O					
3		S T H O					
4		S T H O					
5		S T H O					
6		S T H O					
7		S T H O					
8		S T H O					
9		S T H O					
10		S T H O					
11		S T H O					
12		S T H O					
13		S T H O					
14		S T H O					
15		S T H O					
16		S T H O					
17		S T H O					
18		S T H O					
19		S T H O					
20		S T H O					
21		S T H O					
22		S T H O					
23		S T H O					
24		S T H O					
25		S T H O					
26		S T H O					
27		S T H O					
28		S T H O					
29		S T H O					
30		S T H O					