

Herbarium Specimen Collection Record

Collection number: _____ Date collected: _____

Species: _____

Vascular plant / Moss / Lichen / Macroalgae / Other

Silica gel collection: yes/no Photograph: yes/no

Specimen Notes: _____

Species abundance at site: _____

Collector(s): or, same collectors as collection number (_____)

Site Information: or, same site as collection number (_____)

Country: _____ Prov./Territory: _____

Locality: _____

Latitude: _____ N/S Longitude: _____ E/W

Elevation: _____ m. Uncertainty: _____ m.

GPS Datum: WGS84 or _____ Waypoint no: _____

Habitat Info: or, same habitat as collection number (_____)

Associates: or, same associates as collection number (_____)

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