



“Didymo” Sample Submission Form

Collector Information

Name: _____

Organization: _____

Mailing Address: _____

Town: _____ St: _____ Zip: _____

Phone: _____

Email Address: _____

Sample Information

Date Collected: _____

Waterbody Collected From: _____

Please provide a detailed description of the location where the sample was collected (include information about any nearby access area, road intersection, bridge, dam, or other landmarks) so that we can find the site, if necessary, to collect additional samples or assess extent of infestation:

If possible, please include GPS coordinates and/or attach a map with the collection location marked.

Have you contacted VT DEC Water Quality Division? yes no

If yes, date of contact? _____

With whom did you speak? _____

Mail Sample to:

Didymo Identification
Water Quality Division
103 S. Main St., Bldg 10N
Waterbury VT 05671-0408