

INSECT IDENTIFICATION SUBMISSION FORM

Office Use:
Date rec'vd: _____
Sample# E-: _____
DDDI#: _____



Extension Service

OSU Insect Identification & Plant Clinic
Botany and Plant Pathology
1089 Cordley Hall
Corvallis, Oregon 97331-2903

Phone: 541-737-3821

Fax: 541-737-2412

Commercial Noncommercial

— Please note: The Clinic reserves the right to retain submitted specimens —

CLIENT

Name _____

Address _____

Phone _____

Email _____

AGENT

Name _____

Address _____

Phone _____

Email _____

Collection location: _____ Collection County: _____ Collection date: _____

Send Reply to: **Client** **Agent** **Via:** Email Mail Phone Fax

Please complete one of the following boxes:

CROP/GARDEN

Sample came from...

landscape/yard lawn field greenhouse orchard vegetable garden vineyard

golf course/sod farm Christmas tree farm nursery: field container other

Additional information: Host plant + variety _____

Part of plant affected: _____ Field size/plant numbers: _____

Pattern of damage: _____ Field rotated from: _____

Comments: _____

MEDICAL/VETERINARY

Host/Patient: _____ Age: _____ Location on host: _____

Symptoms: _____

Patient identifier: _____

Contact or association with other animals: _____

Geographic location of first contact or recent travel: _____

Comments: _____

HOME

Location: _____

Type of product affected (for wood, be as specific as possible): _____

Pattern of damage (describe shape and size of exit holes, frass, etc.): _____

Pets: _____

Comments: _____

DIAGNOSIS & INFORMATION

Determination (Order: Family, Genus species): _____

Common name, if applicable: _____

Comments: _____

Extension Specialist: _____ Date: _____