

**Insect Identification
Sample Submission Form**



Insect Identification/Plant Clinic
Botany and Plant Pathology
Oregon State University
1089 Cordley Hall
Corvallis, Oregon 97331-2903
Phone: 541-737-5520
Fax: 541-737-2412

commercial _____
noncommercial _____

Extension Service

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

Client: Name _____
Address _____

phone _____

Agent: Name _____
Address _____

phone _____

county _____

Data

date collected _____ collection location _____

Crop/Garden

__ yard/landscape __ nursery (__ container __ field) __ field crop other _____
__ golf course/sod farm __ Christmas tree plantation __ orchard
__ lawn __ greenhouse __ vegetable garden

Additional Information: Host plant + variety _____
part of plant affected _____ field size/plant numbers _____
field rotated from _____ pattern of damage _____
other comments _____

Medical/Veterinary

Host/patient _____ age _____ location on host _____ symptoms _____
association with other animals (specify) _____
recent travel or known geographic location of first contact _____
other _____

Home

where in home _____
type of product affected (if in wood, be as specific as possible) _____
kind of damage (include shape and size of exit holes, frass etc.) _____
other _____

Diagnosis and Information

Determination (order:family,genus species) _____
common name (if any) _____
comments _____

Extension Specialist _____ date _____