

Insect Identification Submission Form

Office Use:
Date Rec'd _____
Sample # E- _____
DDDI # _____



**Oregon State
University**
Extension Service

OSU Insect Identification & Plant Clinic

Botany and Plant Pathology
4120 Cordley Hall
Corvallis, Oregon 97331-2903

Phone: 541-737-3821

Fax: 541-737-2412

Email: extpp@science.oregonstate.edu

Commercial ___ Noncommercial ___

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

Client

Name _____

Address _____

Phone _____ Fax _____

Email _____

Collection location _____ Collection County _____ Collection date _____

Send Reply To: Client ___ Agent ___ **Send Reply Via:** Email ___ Mail ___ Phone ___ Fax ___

Agent

Name _____

Address _____

Phone _____

Email _____

Based upon where the sample was collected, 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: _____

Additional Notes

