

INSECT IDENTIFICATION SUBMISSION FORM

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



OSU Insect Identification/Plant Clinic
Botany and Plant Pathology
1089 Cordley Hall
Corvallis, Oregon 97331-2903
Phone: 541-737-1501
Fax: 541-737-2412

Commercial ___ Non ___

Extension Service

**** Please Note: The Clinic reserves the right to retain specimens submitted.****

Client: Name _____

Agent: Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

County _____

Date collected _____ Collection location _____

Reply to: Client ___ Agent ___ via Phone ___ Mail ___ Fax ___

Crop/Garden

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

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 _____

Patient Identifier _____

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.) _____

Pets: _____

Other: _____

Diagnosis and Information

Determination (Order:Family,Genus species) _____

Common name (if any) _____

Comments: _____

Extension Specialist _____ date _____ Acc. # _____