Insect Identification 
Sample Submission Form

commercial ____
noncommercial ____

Client: Name____________________________        Agent: Name_________________________________
Address________________________________       Address_____________________________________
______________________________          ___________________________________________
phone _________________________________         phone_______________________________________
county________________

data 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________________________________________________________________________

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____________

Insect Identification/Plant Clinic
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