



INSECT SAMPLE SUBMISSION FORM

NAME (please print): _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

Home phone: _____ **Cell phone:** _____ **Email address:** _____
(Please circle best means of contact.)

REASON FOR SUBMISSION (check all that apply)

<input type="checkbox"/> insect identification	<input type="checkbox"/> Helpline requested sample be brought in
<input type="checkbox"/> insect life cycle information	<input type="checkbox"/> other (explain)
<input type="checkbox"/> insect control measures recommendation	_____

PROBLEM DESCRIPTION

Has insect/problem been observed before? Describe timing, extent, results. Any nests or egg masses observed?

How many insects were found? _____ Time of day insects were found? _____

If found in/near garden, any mulch present? Type? _____

Have insecticides been applied? Which one, when and effectiveness? _____

Where were insects found? (please check all that apply)

Indoors?

<u>room found</u>	<u>location within room</u>
<input type="checkbox"/> attached garage	<input type="checkbox"/> ceiling
<input type="checkbox"/> attic	<input type="checkbox"/> curtains, drapes
<input type="checkbox"/> basement	<input type="checkbox"/> floor (carpet, tile, wood?)
<input type="checkbox"/> bathroom	<input type="checkbox"/> food (type =?)
<input type="checkbox"/> bedroom	<input type="checkbox"/> furniture
<input type="checkbox"/> kitchen	<input type="checkbox"/> houseplant
<input type="checkbox"/> laundry room	<input type="checkbox"/> wall
<input type="checkbox"/> living room	<input type="checkbox"/> window sill

Outdoors?

<u>in or on structure</u>	<u>on plant (please name, if known)*</u>
<input type="checkbox"/> concrete	<input type="checkbox"/> fruit
<input type="checkbox"/> crawl space	<input type="checkbox"/> lawn
<input type="checkbox"/> garage	<input type="checkbox"/> shrub
<input type="checkbox"/> house	<input type="checkbox"/> tree
<input type="checkbox"/> patio, deck, porch	<input type="checkbox"/> vegetable
<input type="checkbox"/> shed	
<input type="checkbox"/> siding	

*specify location found on plant under "Plant Damage" below

other (please describe)

DESCRIBE DAMAGE, IF ANY, TO PLANT: Was insect feeding on plant? (Please specify: leaf, branches, stem/trunk, root, fruit, flower.) Is insect eating holes in leaf? Skeletonizing leaf? Eating entire leaf? Describe effect on plant: are leaves discolored? curled or distorted? abnormal growth pattern evident?

OR DAMAGE TO... clothing? structural wood or masonry? to pet or livestock?

OSUE/MGV DIAGNOSIS

**** This side of form to be completed by OSUE office. ****

Population Served: _____ Female Adult _____ Female Youth _____ Male Adult _____ Male Youth

CONCLUSIONS Date: _____ MGV name: _____

ID/Diagnosis: _____

SUPPORTING DOCUMENTATION (OSU FS, other): _____

COMMUNICATION WITH CLIENT

Initial date of communication: _____	Phone: _____	Voicemail: _____	Email: _____
Information supplied (list): _____			
Information supplied to client by: _____	Phone: _____	Voicemail: _____	Email: _____
			Mail: _____

Further follow-up (if necessary) _____	By: _____		
Date of communication: _____	Phone: _____	Voicemail: _____	Email: _____
Information supplied (list): _____			
Information supplied to client by: _____	Phone: _____	Voicemail: _____	Email: _____
			Mail: _____

NOTES/COMMENTS
