

INSECT IDENTIFICATION

- Commercial
 Residential

Name _____ Company Name _____
LAST FIRST MI (IF APPLICABLE)

Mailing Address _____
STREET CITY STATE ZIP

Phones () (HOME • WORK • CELL?) () (HOME • WORK • CELL?)

EMAIL (reports are emailed – print clearly)

Copy report to Clemson staff: _____ @clemson.edu _____ @clemson.edu

Sample Collection Site: (if different from above)	Name/Company _____
	Address _____
	Phone _____ Email _____ County _____

SELECT ONE: <input type="checkbox"/> \$20.00 South Carolina collection site <input type="checkbox"/> \$30.00 out-of-state collection site	BILLING ACCOUNT: _____ If none, submit payment with sample material. Make checks payable to Clemson University .	Check # _____
--	--	----------------------

PLEASE NOTE:

- **MANDATORY:** All **non-plant** insect samples **must** be submitted in ethanol or rubbing alcohol. Samples without ethanol/alcohol will not be processed or identified, and will be disposed of as biohazard waste.
- Vial/container must be **less than 30 milliliters** (or one ounce). **Each** vial/container equals **one sample**.
- Laboratory cannot test for any diseases that insects may carry. Consult your physician or veterinarian.
- **Plant material** with tiny insects may be submitted in a sealed plastic bag. Place larger insects in vial of ethanol.

Suspected identification and/or comments: _____

Field ID/Reference _____ (Optional, up to 20 characters. Examples: Corn Crop #1; Smith House)

County where collected _____ Date collected _____

Degree of infestation light moderate severe

Previous insecticides/chemicals used for control NONE UNKNOWN

Product name _____ Rate _____ Date _____

Product name _____ Rate _____ Date _____

FOR PLANT-BASED INSECTS:	
Location of infestation <input type="checkbox"/> bark <input type="checkbox"/> branches/twigs <input type="checkbox"/> bulbs/rhizomes <input type="checkbox"/> crown <input type="checkbox"/> flowers <input type="checkbox"/> fruit/pods/seeds <input type="checkbox"/> leaves/needles <input type="checkbox"/> roots <input type="checkbox"/> stem/stalk <input type="checkbox"/> trunk <input type="checkbox"/> other: _____ _____ _____	Infested crop/plant(s) <i>(required for control recommendations)</i> _____ _____ Planting date _____ Symptoms <input type="checkbox"/> insect boring <input type="checkbox"/> chewed <input type="checkbox"/> galls <input type="checkbox"/> loose bark <input type="checkbox"/> stippling/speckling <input type="checkbox"/> webbing <input type="checkbox"/> other: _____ _____

FOR ALL OTHER INSECTS:	
Location of infestation <input type="checkbox"/> room(s): _____ _____ <input type="checkbox"/> kitchen/food storage <input type="checkbox"/> carpet/fabric <input type="checkbox"/> near window <input type="checkbox"/> near light source <input type="checkbox"/> structure exterior: _____ <input type="checkbox"/> basement/cellar <input type="checkbox"/> crawl space <input type="checkbox"/> attic <input type="checkbox"/> other: _____ _____	Insect problem (select one) <input type="checkbox"/> Biting/stinging If human, list body part(s): _____ If animal, specify animal: _____ <input type="checkbox"/> Nuisance: how? _____ _____ <input type="checkbox"/> Damaging: what? _____ _____ <input type="checkbox"/> In food/feed: types? _____ _____ <input type="checkbox"/> In stored products: types? _____ _____