

Insect ID Submission Form



Client Type:

Commercial Grower
Professional Home & Landscape
Home Owner
Other: _____

Collection Information:

Date Collected: _____
County: _____
Name: _____
Address: _____
Email: _____
Phone: _____
Fax: _____

Additional Contact:

Name: _____
Email: _____
Phone: _____

\$8.00
PER SAMPLE
WE ACCEPT:
Credit Card, Check & Cash
Checks payable to:
University of Florida - FEPDC

Plant Name: _____ **Variety:** _____

Circle all that Apply

Plant type: Ornamental | Fruit/Tropical Fruit | Vegetable | Turf

Other: _____

Location of Insect: Leaves | Growing tips | Buds | Blossoms | Fruit/Nuts/Seeds |
Stem/Trunk | Branches/Twigs | Roots | Tubers

Symptoms: Die back | Leaf discoloration | Leaf drop | Tip burn | Fruit damage |
Abnormal growth | Galls | Stunting | Slow decline | Sudden collapse

Other: _____

Information requested: Control information | Species identification

Other: _____

Additional information: _____

Sample #: _____

To Do	Activity	Date Completed	Initials	Remarks
	Logged In			
	Entered into PClinic			
	Taken to Ornamental Entomologist			
	Taken to Tropical Fruit Entomologist			
	Taken to Vegetable Entomologist			

Diagnosis/Remarks:

