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|-------------------|
| <b>Lab number</b> |
| _____             |

Rev. 1/07

**INSECT IDENTIFICATION AND CONTROL**

**Items with \*are required for control recommendations.**

Client / Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\* **Client type** Commercial \_\_\_\_\_ Residential \_\_\_\_\_

County \_\_\_\_\_ Account \_\_\_\_\_ Date collected \_\_\_\_\_  
 Date submitted \_\_\_\_\_

Submitter \_\_\_\_\_ Email copy to \_\_\_\_\_ **Mail report** (No email) \_\_\_\_\_

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| <p><b>FEE (check where applicable)</b><br/> <u>Complete one form for each sample submitted.</u></p> <p>___ \$10.00 Insect identification and control recommendations.</p> <p>___ \$20.00 Out of state sample</p> <p>___ \$ 1.00 Fax fee (Include fax no.)</p> <p><b>\$ _____ FEE Check No. _____</b><br/>         Make checks payable to Clemson University or as directed by county.</p> |
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**INSECT IDENTIFICATION INFORMATION** \* **Required, where applicable, for control recommendations.**

1. Comments / Suspected identification \_\_\_\_\_

**If household/structural or animal/human pest, skip to #9 and continue.**

\*2. Name of infested crop or plant \_\_\_\_\_ variety \_\_\_\_\_

\*3. **Type of planting**  
 \_\_\_ field crop \_\_\_ fruit/nut \_\_\_ peach \_\_\_ ornamental \_\_\_ pasture/forage \_\_\_ small grain  
 \_\_\_ tree, forest \_\_\_ tree, shade \_\_\_ turf \_\_\_ vegetable/herb \_\_\_ other \_\_\_\_\_

4. Planting date, age of plant or size \_\_\_\_\_ 5. Number of acres or percent plants infested \_\_\_\_\_

6. Degree of infestation: \_\_\_ light \_\_\_ moderate \_\_\_ severe

7. Location(s) of infestation  
 \_\_\_ leaves \_\_\_ stem/stalk \_\_\_ fruits/seed \_\_\_ trunk \_\_\_ bulbs/rhizomes \_\_\_ soil  
 \_\_\_ branches/twigs \_\_\_ flowers \_\_\_ crown \_\_\_ roots \_\_\_ bark \_\_\_ other \_\_\_\_\_

8. Symptoms \_\_\_ insect boring \_\_\_ chewed \_\_\_ galls \_\_\_ loose bark \_\_\_ stippling/speckling \_\_\_ other \_\_\_\_\_

**9. Insecticides or repellants used for control (COMPLETE REGARDLESS OF LOCATION OF INFESTATION)**

what \_\_\_\_\_ rate \_\_\_\_\_ when \_\_\_\_\_

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|--|--|
| <p><b>*10. Give specific structural locations of infestation</b><br/>         ___ room(s) _____<br/>         ___ kitchen or ___ other food/feed storage area (list under #11) _____<br/>         ___ carpet/fabric _____<br/>         ___ near window or ___ other light source _____<br/>         ___ outside of structure _____<br/>         ___ basement/ cellar _____<br/>         ___ crawl space _____<br/>         ___ attic _____<br/>         ___ other location _____<br/>         Degree of infestation ___ light ___ moderate ___ severe</p> | <p><b>11. Insect Problem Information</b><br/>         ___ Biting/Stinging ___ Person, or specific animal _____<br/>         Body part(s) infested _____<br/>         ___ Nuisance – In what way? _____<br/>         ___ Damaging – What items? _____<br/>         ___ Infesting food – List types _____<br/>         ___ In stored products – List types _____</p> |
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