Submit by Email | Print Form

CLEMSON UNIVERSITY PLANT PROBLEM CLINIC
511 Westinghouse Road, Pendleton SC 29670
Phone: 864-646-2133; Fax: 864-646-2178
ppclnc@clemson.edu http://www.clemson.edu/plantclinic

Lab number

Revised 1/09

INSECT IDENTIFICATION AND CONTROL

Items with *are required for control recommendations.

Client /Company Name_____
Last **First** **MI**

Mailing Address_____

_____
City **State** **Zip**

Phone (_____)_____ **Fax (_____)**_____
Area Code **Area Code**

Client Email _____

***Client type:** **Commercial** ☐ **Residential** ☐ **Mail report** ☐ (No email)

Date collected _____ **Date submitted** _____

County _____ **Account** _____

Submitter _____ **Email copy to** _____

FEE (check where applicable)
Complete one form for each sample submitted.

1. ☐ **$10.00 Insect ID/Control recommendations (SC Samples)**
2. ☐ **$20.00 Out of State Samples**
3. ☐ **$ 1.00 Fax fee (Incl fax no.)**

$ _____ FEE Check No. _____

Make checks payable to **Clemson University** or as directed by county.

Collection site if different from address above: Address: _____
City_____ County _____ State _____

INSECT IDENTIFICATION INFORMATION

Human or animal pests will be accepted ONLY in vials filled with alcohol. Using alcohol is important when submitting human parasites, i.e. fleas, lice, ticks, since human blood is considered a biohazard.
State & Federal Regulations forbid us to accept samples that are, or appear to be, of human or animal tissue.

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 Product name _____ when_____ rate _____

***10. Give specific structural locations of infestation**
☐ room(s)_____
☐ kitchen or ___other food/feed storage area (list under #11)
☐ carpet/fabric_____
☐ near window or ☐ other light source_____
☐ outside of structure_____
☐ basement/ cellar
☐ crawl space
☐ attic
☐ other location_____
Degree of infestation ☐ light ☐ moderate ☐ severe

11. Insect Problem Information
☐ Biting/Stinging ☐ Person, or specific animal_____
Body part(s) infested_____
(Human/animal insects must be preserved in alcohol.)
☐ Nuisance – In what way? _____
☐ Damaging – What items? _____
☐ Infesting food – List types _____
☐ In stored products – List types _____