



Lab number

Revised 1/08

INSECT IDENTIFICATION AND CONTROL
Items with *are required for control recommendations.

Client / Company Name _____

Mailing Address _____

City _____ State _____ Zip _____
 Phone (____) _____ Fax (____) _____ **(FEE APPLIES)**

Email _____

*Client type Commercial _____ Residential _____ Date collected _____
 Date submitted _____

County _____ Account _____

Submitter _____ Email copy to _____ **Mail report** (No email) _____

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

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 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 _____

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

___ \$10.00 Insect identification and control recommendations.

___ \$20.00 Out of state sample

___ \$ 1.00 Fax fee (Include fax no.)

\$ _____ FEE Check No. _____
 Make checks payable to Clemson University or as directed by county.