



CLIENT NAME AND ADDRESS

Name _____
Affiliation (Company, office, etc) _____
Address _____
City/State _____
Zip _____
Phone _____ Fax _____
E-mail _____

COUNTY _____ EXT AGENT _____

SPECIMEN INFORMATION:

Locality (e.g., alfalfa field, residential home, Madera canyon) _____
City/State (nearest) _____
Zip _____
Where Collected (e.g. on rosebush, in kitchen) _____

DATE COLLECTED _____

Send Results By: Mail E-mail Phone

Information Needed for Correct Interpretation of Results:

IS THIS SAMPLE FOR:

- Identification Management advice Experimental data

SITUATION (✓) Commercial Residential Public University

LAND PURPOSE (✓):

- Field Grove Nursery Golf Course Lawn Garden Park Playing Field
 Landscaping Containerized/Interior Ornamental Other _____

Suspected life stage (✓) Egg Nymph Larvae Pupae Adult

PLANT/CROP – species/cultivar if known: (Do not fill if no plant involved)

Present _____ Age _____
Previous _____ Future _____

SYMPTOMS (✓):

- Foliage** - skeletonizing leaf mining foliar chewing stunting wilting other _____
Stem/Root - stem boring stunted roots separation of roots other _____

Other pertinent information: Recent pesticide use? Prior history of particular pests? Size of crop area?

Date Received by Lab _____

Operates M - F 8:00 am - 4:00 pm