

*INSECT DIAGNOSIS REQUEST

Date sent _____

Date received _____

PC# _____

Fee _____

Please send samples to one of the addresses on back.

Client's name _____ Phone (daytime) _____

Address _____ County _____

City _____ State _____ Zip _____ County Agent _____

Email _____ Master Gardener Clinic _____

Commercial Applicator/Fieldperson: Name _____ Company _____ Phone _____

1. Where found (plant, crop, kitchen, etc.): _____ Date collected _____

If plant, what species? _____

2. (Check one) Commercial planting or location: _____ Noncommercial planting or location: _____

3. Area affected _____

4. Percentage of area/plants affected _____

5. Pest is a: nuisance _____ causing damage _____ or a curiosity _____

6. Damage is: extreme _____ serious _____ moderate _____ light _____

7. Plant parts attacked: leaves _____ stems _____ roots _____ terminals _____

buds _____ flowers _____ lrg. branches _____ trunk _____ fruit _____

8. Has control been attempted? If you used a chemical, please indicate product name, rate, and date of application.

9. Observations/comments. (By clients, agent, applicator)

***IF THIS FORM IS NOT FILLED OUT COMPLETELY, RESPONSE WILL BE DELAYED**

DIAGNOSIS: (DO NOT WRITE IN THIS SPACE—FOR OFFICIAL CLINIC USE ONLY)

Diagnosed by: _____ Date reply: _____

INSECT SPECIMENS FOR IDENTIFICATION

COLLECTING

Be very careful in collecting insect specimens or plant material connected with insect specimens. *Send along as much of the affected plants, trees, etc., connected with the insect pest as possible.* Insect specimens should be killed just prior to submission—freezing insects overnight works well for this process. Place insects in a container, then pack the container gently with a soft material such as cotton or excelsior in such a way to keep damage to the insects to a minimum. Ship immediately after packing. Please note that sending samples stored in alcohol through the mail is illegal, as alcohol is both liquid and flammable.

If large plant specimens are to be shipped with the insect pests:

1. Send as much of the plant as possible.
2. Explain where pests were found if separated from plant specimen.
3. Wrap plant roots or soil in plastic bag to prevent their drying out.
4. Pack all items in sturdy containers so that they will arrive in good shape.
5. Ship specimens immediately!!
6. Fill out the INSECT IDENTIFICATION FORM on reverse side completely!!

Mail form and sample to:

Western Washington

WSU Puyallup R.E.C.
Plant & Insect Diagnostic Lab
7612 Pioneer Way East
Puyallup, WA 98371-4998

or

Eastern Washington (Master Gardener & Home/Landscape Samples)

WSU Spokane County Diagnosis Service
222 N. Havana
Spokane, WA 99202-4799

College of Agricultural, Human, and Natural Resource Sciences

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