



Plant Diagnostic Clinic

Website: <https://agsci.colostate.edu/agbio/plantclinic/>
Email: csuplantlab@colostate.edu
Phone: (970) 491-6950

Mailing Address:
4780 National Western Drive
T-316 Terra, CSU Spur
Denver, CO 80216

Insect/Arthropod Identification Sample Submission Form

**** NOTE:** If the insect/arthropod is in or on your body and is causing damage (e.g., bites, rash), please do not send a sample to the PDC and contact a medical professional instead. Bedbugs and spiders are an exception to this, the PDC will accept these specimens. **

Contact Information:

Name: _____
Business: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Submitter Is:

- | | |
|---|--|
| <input type="checkbox"/> Homeowner/
gardener | <input type="checkbox"/> Landscaping/lawn
co. |
| <input type="checkbox"/> Extension agent | <input type="checkbox"/> Farmer |
| <input type="checkbox"/> Arborist/tree care co. | <input type="checkbox"/> Golf course |
| <input type="checkbox"/> Nursery/garden
center | <input type="checkbox"/> Other: _____ |

Service Requested:

- Identification (\$15) Management Recommendations Other: _____

Sample Collection Information:

Date Collected: _____ Date Submitted: _____ Origin County: _____
Sample Collection Location/Coordinates: _____

Sample Collection Site:

- | | |
|--|--|
| <input type="checkbox"/> Home grounds | <input type="checkbox"/> Orchard/vineyard |
| <input type="checkbox"/> Household (indoors) | <input type="checkbox"/> Pasture/rangeland |
| <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Field crops |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Commercial grounds | |
| <input type="checkbox"/> Golf course | |

Insect Problem:

- Biting/stinging
 Nuisance
 Infesting plant
 Damaging structures
 Infesting food
 Other: _____

Number of specimens
found: _____

Specimen Status:

- Alive
 Dead

Description of where specimen was found:

Please include the location where insect/arthropod was found.

Chemical history for the location:

Include information such as pesticide name, rate, and date of application.

Please email images to csuplantlab@colostate.edu

Identification may take up to two weeks. You will receive a report and invoice for payment once diagnosis is complete.

For Clinic Use Only

Date Received: _____

Stage: Adult Larvae Pupa Eggs Nymph | Status: Alive Dead

Comp Ans Inv Rep Pai

Clinic Notes:	Clinic ID#:
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