

# Insect Identification Form

(Insects, Spiders, and Other Arthropods)

Date: \_\_\_\_\_ (MM/DD/YYYY)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/County: \_\_\_\_\_

Address 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Send specimens as soon as possible after collecting, try to include a section of the host plant. Package in a sturdy container. Do not expose to extreme temperatures or allow to dry out.

Where was the insect found? \_\_\_\_\_

If found on a plant/tree, select the parts that were affected:

- |  |   |   |                                 |
|--|---|---|---------------------------------|
| <input type="checkbox"/> Leaves        | <input type="checkbox"/> Branches/Twigs | <input type="checkbox"/> Fruit/Seed     | <input type="checkbox"/> Tubers |
| <input type="checkbox"/> Upper surface | <input type="checkbox"/> Stem/Stalk     | <input type="checkbox"/> Roots          | Other: _____                    |
| <input type="checkbox"/> Lower surface | <input type="checkbox"/> Flowers        | <input type="checkbox"/> Bulbs/Rhizomes | _____                           |

If found on a plant/tree, select symptoms:

- |  |   |                                     |   |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Yellowing             | <input type="checkbox"/> Browning           | <input type="checkbox"/> Dieback    | <input type="checkbox"/> Mottling/Silvery |
| <input type="checkbox"/> Interveinal Yellowing | <input type="checkbox"/> Leaf spots         | <input type="checkbox"/> Galls      | <input type="checkbox"/> Defoliation      |
| <input type="checkbox"/> Dead areas            | <input type="checkbox"/> Holes              | <input type="checkbox"/> Webbing    | <input type="checkbox"/> Shot-holing      |
| <input type="checkbox"/> Scarring              | <input type="checkbox"/> Distortion/Curling | <input type="checkbox"/> Stem/Stalk | <input type="checkbox"/> Chewing          |
|  | <input type="checkbox"/> Soil discoloring   | <input type="checkbox"/> Wilting    | Other: _____                              |

Describe your watering regime  Sprinklers  Hand  Drip  Irrigation

Frequency: \_\_\_\_\_ Other: \_\_\_\_\_

Pesticides or other control measures used: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A diagnostician will be in touch shortly after the specimen is analyzed. Additional information is available on the Schutter Diagnostic Lab website: [diagnostics.montana.edu](http://diagnostics.montana.edu)

This section is for Extension office use

Agent: \_\_\_\_\_ County: \_\_\_\_\_

Administrative staff/Personnel: \_\_\_\_\_

Email addresses that reports should be sent to: \_\_\_\_\_

\_\_\_\_\_

Can a diagnostician contact the client with questions?  Yes  No