## Mail to: Insect Identification Lab Department of Entomology 501 ASI Building The Pennsylvania State University

University Park, PA 16802

FOR OFFICE	USE ONLY
Specimen No:	
Date Rec'	
ID By	
Report Via:	
Report Date:	

## INSECT IDENTIFICATION REQUEST

County contact informa	ation Clie	ent contact information
Co. Contact	Requested By	
Co. Ext. Office	Date	
☐ Email	Email	
☐ Phone	□ Phone	
☐ Address		
☐ Contact	letter	
client directly		
Please indicate ( ) the p	preferred method of contact (email, pho	one, or physical letter) above.
WHERE WAS THE INSECT FOUND (house/room, plant species, etc)		
PART AFFECTED/DAMAGE/ WHAT WAS THE INSECT DOING? (eg, chewing on leaves)		
HAS INSECT BEEN SEEN BEFORE? IF YES, HOW OFTEN?		
CONTROL MEASURES YOU HAVE TAKEN		
OTHER INFORMATION (chronology of events,		
collection locality different from contact address, etc.)		

## INSECT IDENTIFICATION REPORT DEPARTMENT OF ENTOMOLOGY PENNSYLVANIA STATE UNIVERSITY

COMMON NAME	
ORDER	
FAMILY	
GENUS	
SPECIES	
NOTES	
COMMON NAME	
ORDER	
FAMILY	
GENUS	
SPECIES	
NOTES	
COMMON NAME	
ORDER	
FAMILY	
GENUS	
SPECIES	
NOTES	

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This publication is available in alternative media on request.

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