

Mail To:
Insect Identification Lab
Department of Entomology
501 ASI Bldg
The Pennsylvania State University
University Park, PA 16802

FOR OFFICE USE ONLY	
Specimen No:	_____
Date Rec'd :	_____
ID By:	_____
Report To:	_____
Report Date:	_____

INSECT IDENTIFICATION REQUEST

Co. Ext. Office: _____
Address: _____

Co. Agent: _____
Phone: _____

Requested By: _____
Address: _____

Phone: _____
Date: _____

WHERE INSECT WAS FOUND-
House, Room, Plant Species
(please be specific):

DAMAGES, PART AFFECTED
(Leaves, Sill Plate, Etc.):

HAS INSECT BEEN SEEN
BEFORE (When, Where?):

HOW OFTEN IS INSECT
SEEN (Every Day, Week?):

CONTROL MEASURES YOU
HAVE TAKEN:

Give a brief chronology of events surrounding the occurrence of this insect or damage:

**INSECT IDENTIFICATION REPORT
DEPARTMENT OF ENTOMOLOGY
THE PENNSYLVANIA STATE UNIVERSITY**

COMMON NAME _____

ORDER _____

FAMILY _____

GENUS _____

SPECIES _____

BIOLOGY _____

* * * * *

COMMON NAME _____

ORDER _____

FAMILY _____

GENUS _____

SPECIES _____

BIOLOGY _____

Where trade names are used, no discrimination is intended and no endorsement by The Pennsylvania State University or Pennsylvania Department of Agriculture is implied. Insect control recommendations included in this report should not be used as a substitute for the pesticide product label information. The pesticide user bears the responsibility of consulting the pesticide label and adhering to those directions.

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