



*Instructions for Sending/Delivering*

## INSECT SPECIMENS

For Identification

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**\*IMPORTANT\***

**Samples will not be examined unless the below guidelines are followed and the attached information sheet is completely filled out**

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Specimens must reach us in good condition to make a positive identification possible. Please follow the directions below.

1. **DO NOT CRUSH SAMPLE.**
2. **DO NOT PLACE TAPE OVER SAMPLE.**
3. Hard-bodied insects should be placed in a crush-proof box or plastic (film/medicine) vial.
4. Soft-bodied insects should be placed in a plastic vial with a small amount of alcohol.
5. If you want to send any material to show typical injury, please put it in a container. Send 8-12" samples showing damaged and undamaged material (leaves, stems, branches).
6. Pack to avoid crushing.
7. **COMPLETE ATTACHED FORM IN FULL.**
  - It may take a minimum of 14 days for a response to be sent, especially during peak gardening times. No fee is required. Please forward all samples along with a SELF-ADDRESSED STAMPED ENVELOPE to: Rutgers Cooperative Extension, 42 Riva Avenue, Davidson Mill Pond Park, North Brunswick, NJ 08902
  - If you require a response within a week and a more comprehensive report, we recommend you contact the Plant Diagnostic Lab on Cook Campus, Rutgers University. The Plant Diagnostic Lab is a free service. More information about the service can be obtained through our office or their website at [NJAES.Rutgers.edu/plantdiagnosticlab](http://NJAES.Rutgers.edu/plantdiagnosticlab). Submission forms can be printed from the site and sent with the sample to the address provided on the form.

# INSECT IDENTIFICATION FORM

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Problem Discovered: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Date Collected: \_\_\_\_\_

Where collected in the home: \_\_\_\_\_

Where collected in the garden: \_\_\_\_\_

Describe damage, if applicable: \_\_\_\_\_

Degree of infestation (please circle): FEW                      MODERATE                      HEAVY

Chemical used: \_\_\_\_\_

If any, when: \_\_\_\_\_

Comments: \_\_\_\_\_

Office Use: \_\_\_\_\_

Diagnosis/Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral: \_\_\_\_\_

Flyers Sent: \_\_\_\_\_

\_\_\_\_\_  
Agent/Program Associate/Program Assistant/MG