

Insect/Mite Identification Form



Plant Diagnostic Clinic

28 Mumford Hall
University of Missouri
Columbia, MO 65211

For lab use only

Lab No. _____

Condition on arrival

Excellent Good Fair Poor

Check: \$ _____ No. _____ Date _____

Cash: \$ _____ Amount due: \$ _____

Contact us: 573-882-3019

Fax: 573-884-4288

Email: plantclinic@missouri.edu

<http://plantclinic.missouri.edu/>

Mail reply to:	Submitter	Client	Charge: \$15 per sample	Make check payable to the University of Missouri. Please use a separate form for each sample.
Fax reply to:	Submitter	Client		
Email reply to:	Submitter	Client		
Send bill to:	Submitter	Client		

Submitted by: _____	Submitted for (client): _____
Business name: _____	Business name: _____
Address: _____	Address: _____
City/state/ZIP: _____	City/state/ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

Information about submitter/client		Submitter	Client	Submitter	Client	Submitter	Client
Submitter	Client		Farmer/grower		Landscaper		Pest control operator
	Extension educator		Dealer/industry rep		Garden center		Other
	Homeowner		Lawn/tree care company		Nursery		_____

Check information desired: Identification Life cycle or habits Potential damage caused Control measures

Location	Number of insects	Infestation	Plant parts affected
Animal/human Nursery	One	Name of host plant or animal	Branches _____ %
Vegetable garden Landscape	Several	_____	Leaves _____ %
Dwelling/interior Orchard	100 or more	If any others, please list	Fruits/seeds _____ %
Field/farm Tree/shrub	by actual count	_____	Flowers
Flower bed Turf/lawn	_____	Acreage _____ No. of plants _____	Stems
Golf course Aquatic	by estimate	Sq. footage _____	Trunk
Greenhouse On wood	_____	% area _____ % area _____	Roots
Stored grain/food Other (explain)	_____	_____	Other (explain)

County of origin _____ Infestation developed in: _____ Days _____ Weeks _____ Months _____ Occurred in previous years _____

Pesticides previously used to control problem: _____

Additional information: _____

Identification and recommendations	
Name of insect	For lab use only
Common: _____	Scientific: _____
<i>Comments concerning insect:</i>	
<i>Suggested control:</i>	
Date sent: _____	Signature _____

See reverse side of form for instructions on collecting and mailing samples

Insect/mite identification

- Do not send live insect or spider samples.
- Include a submission form. Please provide as much information as possible.

Collection

- Try not to crush the specimen, and send multiple samples if possible.
- If possible, place a live specimen in 70 percent alcohol in a glass vial or other type of small, sealable container.
- Alternatively, you can place a contained live specimen in a freezer for 24 hours to kill it prior to submission. Be mindful not to crush the insect.

Packing

- Place the contained dead specimen in a sturdy box, and use crumpled paper as padding.
- Place sample submission form in package.
- Mail samples to or drop them off at the Plant Diagnostic Clinic at the University of Missouri.
- When shipping a sample, confirm with your carrier that there are no restrictions on the type of sample you are sending.

Notes

- Drop-off hours are: Monday – Friday, 9 a.m. – 4 p.m.
- There is a 30-minute parking spot located behind Mumford Hall. The clinic is located in the basement. If no one is in the office, please leave the sample and submission form together on the desk beside office door.
- Include a submission form for each sample being sent. If sending multiple samples, place each sample in a separate plastic bag, and be sure to include a separate submission form for **each** sample included in the package.
- Use a pencil to fill out the submission form to avoid any ink smears from moisture in the package.

Submit samples to:

Plant Diagnostic Clinic
28 Mumford Hall
University of Missouri
Columbia, MO 65211
