HOMEOWNER IPM INSECT DIAGNOSTIC CLINIC FORM

HOMEOWNER IPM INSECT SAMPLES CAN BE SUBMITTED ONLY THROUGH YOUR LOCAL COUNTY COOPERATIVE EXTENSION OFFICE.

*All items with an asterisk must be completed

Date:________________________ Sample Submitted by (Other than Grower/Owner):____________________
Client’s Name: _______________________________________
Address:_____________________________________________
Phone: (___)__________________________________________

The following information is important and could help with the diagnosis.

1. Locality (nearest town/city) where specimen was collected __________________.
2. * Date collected ________________.
3. Follow up to DDDI (Sample No.) __________________.
4. * If collected from a plant, give name of plant and describe damage ___________________________________________________________________
5. * If collected from a residence or other structure, give site(s) of collection ___________________________________________________________________
6. Degree of infestation _____________________________?
7. Chemicals Applied:
   Chemical:_________________ Rate:___________ Date last applied:__________
   Chemical:_________________ Rate:___________ Date last applied:__________
   Chemical:_________________ Rate:___________ Date last applied:__________

*County:_______________ *Agent:_________________ *Phone: _______________

Diagnosis: