

# Insect Identification Form

(Insects, Spiders, and Other Arthropods)

Date: \_\_\_\_\_ (MM/DD/YYYY)

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

Address: \_\_\_\_\_ City/County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Send specimens as soon as possible after collecting, try to include a section of the host plant. Package in a sturdy container. Do not expose to extreme temperatures or allow to dry out.

Where was the insect found? \_\_\_\_\_

If found on a plant/tree, select the parts that were affected:

- |   |                                       |   |                                      |
|---|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Branches/twigs | <input type="checkbox"/> Flowers      | <input type="checkbox"/> Upper leaves   | <input type="checkbox"/> Stem/stalk  |
| <input type="checkbox"/> Buds           | <input type="checkbox"/> Fruit/seed   | <input type="checkbox"/> Leaves/needles | <input type="checkbox"/> Trunk       |
| <input type="checkbox"/> Bulbs/Rhizomes | <input type="checkbox"/> Growing tips | <input type="checkbox"/> Petiole        | <input type="checkbox"/> Tubers      |
| <input type="checkbox"/> Crown          | <input type="checkbox"/> Lower leaves | <input type="checkbox"/> Roots          | <input type="checkbox"/> Other _____ |

If found on a plant/tree, select symptoms:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Bleached          | <input type="checkbox"/> Excretions/cast skins | <input type="checkbox"/> Interveinal yellowing | <input type="checkbox"/> Streak        |
| <input type="checkbox"/> Browning/scorched | <input type="checkbox"/> Fasciation            | <input type="checkbox"/> Leaf spot             | <input type="checkbox"/> Stubby roots  |
| <input type="checkbox"/> Canker            | <input type="checkbox"/> Frogeye               | <input type="checkbox"/> Loose bark            | <input type="checkbox"/> Webbing       |
| <input type="checkbox"/> Chewed            | <input type="checkbox"/> Fruit/veg rot         | <input type="checkbox"/> Marginal browning     | <input type="checkbox"/> Wilted        |
| <input type="checkbox"/> Cracked           | <input type="checkbox"/> Galls                 | <input type="checkbox"/> Marginal yellowing    | <input type="checkbox"/> Witches Broom |
| <input type="checkbox"/> Damping off       | <input type="checkbox"/> Holes chewed          | <input type="checkbox"/> Mottle/mosaic         | <input type="checkbox"/> Wormy fruit   |
| <input type="checkbox"/> Dead Areas        | <input type="checkbox"/> Insect boring         | <input type="checkbox"/> Plant part gone       | <input type="checkbox"/> Yellowing     |
| <input type="checkbox"/> Decayed           | <input type="checkbox"/> Insect damage         | <input type="checkbox"/> Poor growth           | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Dieback           | <input type="checkbox"/> Interveinal browning  | <input type="checkbox"/> Purple Leaves         |  |
| <input type="checkbox"/> Distortion        |  | <input type="checkbox"/> Shoot/tip blight      |  |
| <input type="checkbox"/> Entire leaf eaten |  |  |  |

Describe your watering regime:  Sprinklers  Hand  Drip  Irrigation

Frequency: \_\_\_\_\_ Other: \_\_\_\_\_

Pesticides or other control measures used: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A diagnostician will be in touch shortly after the specimen is analyzed. Additional information is available on the Schutter Diagnostic Lab website: [diagnostics.montana.edu](http://diagnostics.montana.edu)

This section is for Extension office use

Agent: \_\_\_\_\_ County: \_\_\_\_\_

Administrative staff/Personnel: \_\_\_\_\_

Email addresses that reports should be sent to: \_\_\_\_\_

Can a diagnostician contact the client with questions?       Yes     No