## INSECT IDENTIFICATION REQUEST FORM

*Revised 2/2016*

(To be completed by Master Gardener receiving the sample)

<table>
<thead>
<tr>
<th>Plant Clinic</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Gardener</td>
<td>(one name only)</td>
</tr>
</tbody>
</table>

**EMAIL**

Client - Please fill out this form as completely and accurately as you can. Print or write clearly. If your samples appear to be different insects/spiders, please use a separate container and form for each. If you are concerned about insect damage on plants, please use our Plant Problem Diagnosis Request Form instead of this one.

**CLIENT NAME:** ____________________________________________________________________________

**ADDRESS** (street, P.O. Box) __________________________________________________________________

**CITY, STATE, & ZIP** _______________________________________________________________________

**PHONE:** ___________ (number where you can be reached in the daytime)

**EMAIL**

---

### INSTRUCTIONS FOR SUBMITTING INSECT OR SPIDER SAMPLES

All samples should be whole, and complete with all parts (antennae, legs, wings, etc.) attached to the body. Please do not submit mutilated or squashed specimens. Enclose specimens in sealed plastic containers only. Film canisters, pill bottles with tops that can be secured work well. Do not use glass containers, tape, zip-type bags or envelopes. If the specimen(s) are active, a drop or two of rubbing alcohol in the container should calm them down. Securely attach this completed form to the outside of the container and drop it off at Master Gardener Plant Clinic or at the Virginia Cooperative Extension Fairfax County Office, see address above.

Please answer the questions below and on the back of this form as completely as possible.

**Where did you find the samples?**

**In the home?** Be specific, such as in the kitchen, pantry, laundry room, closet, sleeping area, bathroom, basement, attic, garage, dog/cat, human, etc. __________________________________________

**Outside the home?** Be specific, such as around the doorway, window casings, under overhangs, in firewood, around porches, decks, under pavers or stepping stones, etc. __________________________________________

---

(OVER) –Please complete reverse side
Approximately how many insect/spiders have you noticed? _______________

When did you first notice them? (Dates) _____________________________________________

What time of day were they observed? _____________________________________________

Are the insects attracted to light? _________________________________________________

(Additional Information) - Please provide any observations, background, or other information that might be useful.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If you have photographs of the insect/spider that might provide additional information (such as webbing, egg masses, casings or different life stages) you can attach them to this form or email them to vceffxlab@gmail.com. Please be sure the message includes your name as shown on the form and the clinic/office where you dropped off the sample.

Please check the box at right if sending images by email .......................☐

Do you want recommendations for control of this insect/spider?  Yes,  no  (circle one)