



Insect Diagnostic Lab Sample Submission Form

For Lab Use Only:

Date _____

Type of Insect _____
(beetle, worm, crawling, flying, etc.)

Submitter Information

Name

Address

City, State, Zip

Phone

Email

Client Information

Name

Address

City, State, Zip

Phone

Email

Description ~ *The diagnostic process often involves piecing together many different clues. Providing background information with a specimen can greatly assist in the diagnostic process. Please include details such as the specific location where the insect was found, what it was feeding on, the behavior of the insect, the number present, and other relevant details.*

Where was the insect found? _____

What if anything was it eating? _____

Behavior/Other _____

For Lab Use Only _____

For submission preparation details visit: <http://labs.russell.wisc.edu/insectlab/samples/#>

*Mail your sample with this completed form to the
Insect Diagnostic Lab
1630 Linden Drive
Madison, WI 53706*

*Your local UW- Extension Office
will contact you with your results.*