

# INSECT AND RELATED ARTHROPOD IDENTIFICATION REQUEST

ID # \_\_\_\_\_

(Internal use only)

1. Ensure sample is secure in a sealed container or zipper bag.
2. **Fill out all fields on this identification request form with as much detail as possible.** Identification may not be possible or provided due to a lack of necessary information provided.
3. Email is the primary and preferred mode of relaying the identification, as it allows us to include any important and pertinent information.
4. Please tape completed request form to sample and place in box. **Specimens will not be returned unless directly specified.**

1. a. Name of person and/or company submitting sample: \_\_\_\_\_ b. Date sample submitted: \_\_\_\_\_

c. Email: \_\_\_\_\_ d. Phone: \_\_\_\_\_

2. a. Person whom collected the sample: \_\_\_\_\_ b. Date Collected: \_\_\_\_\_

3. Location sample was collected:

a. Island: \_\_\_\_\_ b. City/District/Neighborhood: \_\_\_\_\_

4. Sample collected indoors or outdoors?  Indoors  Outdoors

5. Sample dead or alive when collected?  Dead  Alive

5. Describe the reason you are submitting this sample. Please be as specific as possible:

(For example: You are getting bitten by the sample, the sample is feeding on a specific plant, your sample is damaging wood in your home, etc.)

6. a. If pest was found feeding on a plant provide the scientific name or common name of the plant (Please be as specific as possible): \_\_\_\_\_

b. Part(s) of plant affected: \_\_\_\_\_

11. Pest infestation level:

Light  Medium  High

12. How long has this been a problem?

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## TAXONOMY USE ONLY

Order/Family \_\_\_\_\_

Genus/Species/Author: \_\_\_\_\_

Common Name: \_\_\_\_\_

Determined by: \_\_\_\_\_

Notes:

Date: \_\_\_\_\_