

Chesterfield Cooperative Extension

A partnership between Chesterfield County and VA Tech & VA State University



Laboratory Record for Insect and Arthropod Identification

1. Client Information

Name:		<input type="checkbox"/> Arborist <input type="checkbox"/> Commercial Lab <input type="checkbox"/> Farmer <input type="checkbox"/> Golf course <input type="checkbox"/> Government	<input type="checkbox"/> Greenhouse grower <input type="checkbox"/> Homeowner <input type="checkbox"/> Nurseryman <input type="checkbox"/> Landscaper <input type="checkbox"/> Schools
Address:		Today's Date:	
City, zip code:		MG or staff taking receipt of sample	
Phone:		How was sample submitted?	<input type="checkbox"/> Site visit <input type="checkbox"/> Mailed
Email:			<input type="checkbox"/> Delivered <input type="checkbox"/> Library



* If plant or plant parts are affected, fill in sections #2 and #3;

* If no plants are affected, skip down to section #4.

2. Plant Information

	Genus	Species	Varietal or Common Name
Sample 1			
Sample 2			

3. Site Information

Affected Parts	General Appearance or Symptom		Distribution	Location	
entire plant	chewing injury	frass	one plant	dealer	landscape
flowers	cupping	galls	% affected	field / farm	lawn / turf
fruit	decline	hole(s)	scattered	forest	nursery
seed	defoliation	leafspot	certain variety	garden	orchard
leaf / petiole	die-back	mosaic	general	greenhouse	tree farm
stem / branch	distortion	stippling	heavy	hydroponics	vineyard
trunk / crown	dwarfing	stunted	100%	interiorscape	
bulb / tuber	exudate/ooze	wilting	unknown		
roots	fasciation	wound	certain area		
		yellowing			

4. Infestation information

Specifics	Location	Life stage(s)
residence	internal	adult
building	external	egg
human body		larva
animal		pupa

5. Background Information

