

INSECT SPECIMENS FOR IDENTIFICATION

COLLECTING

Be very careful in collecting insect specimens or plant material connected with insect specimens. *Send along as much of the affected plants, trees, etc., connected with the insect pest as possible.* Place larvae, pupae, and soft-bodied pests in alcohol, rubbing alcohol may be used. This is easily obtained from any drug store. Place large adult beetles, moths, roaches, etc., in a box or jar with cotton or excelsior in such a way that damage to the insect will be held to a minimum.

If large plant specimens are to be shipped with the insect pests:

1. Send as much of the plant as possible.
2. Explain where pests were found if separated from plant specimen.
3. Wrap plant roots or soil in plastic bag to prevent their drying out.
4. Pack all items in sturdy containers so that they will arrive in good shape.
5. Ship specimens immediately!!
6. Fill out the INSECT IDENTIFICATION FORM on reverse side completely!!

All specimens should be shipped to:

Eastern Washington

Plant Clinic
WSU Prosser
24106 N. Bunn Road
Prosser, WA 99350-9687

Western Washington

Plant Clinic
WSU Puyallup
7612 Pioneer Way E.
Puyallup, WA 98371-4998

College of Agriculture and Home Economics

Alternate formats of our educational materials are available upon request for persons with disabilities. Please contact the Information Department, College of Agriculture and Home Economics, Washington State University for more information.

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*INSECT DIAGNOSIS REQUEST

C0495

Send all three copies to:
Plant Diagnostic Clinic
WSU Puyallup
7612 Pioneer Way
Puyallup, WA 98371-4998

Or to:
Plant Diagnostic Clinic
WSU Prosser
24106 N. Bunn Road
Prosser, WA 99350-9687

Date sent _____

Date received _____

PC # _____

Observations/comments. (By clients, agent, applicator)

Client's name _____ Phone (daytime) _____

Address _____ County _____

City _____ State _____ Zip _____ County Agent _____

Master Gardener Clinic _____

Commercial Applicator/Fieldperson: Yes _____ No _____ Name _____ Phone _____

1. Where found (plant, crop, kitchen, etc.): _____ Date collected _____

If plant, what species? _____

2. (Check one) Commercial planting or location: _____ Noncommercial planting or location: _____

3. Area affected _____

4. Percentage of area/plants affected _____

5. Pest is a: nuisance _____ causing damage _____ or a curiosity _____

6. Damage is: extreme _____ serious _____ moderate _____ light _____

7. Plant parts attacked: leaves _____ stems _____ roots _____ terminals _____

buds _____ flowers _____ lrg. branches _____ trunk _____ fruit _____

8. Has control been attempted? If a chemical, please indicate product name, rate, and date of application.

***IF THIS FORM IS NOT FILLED OUT COMPLETELY, RESPONSE WILL BE DELAYED**

DIAGNOSIS: (DO NOT WRITE IN THIS SPACE—FOR OFFICIAL CLINIC USE ONLY)

Diagnosed by: _____ Date reply: _____