



FEE: \$8.00 per sample – Free with this coupon
 Note to lab staff: cc final report to achodges@ufl.edu
 Bill to project, not client.

Mail insect samples to:
 Lyle Buss
 1881 Natural Area Dr.
 P.O. Box 110620

Gainesville, FL 32611-0620 Gainesville FL 32611-0830

Collection Information:

Date collected: _____
 County: _____
 Name: _____
 Address: _____
 City/Zip: _____
 E-mail: _____
 Phone: _____

Submitted by (if different from collector):

Extension Agent: _____
 Name: _____
 Company: _____
 Address: _____
 City/Zip: _____
 E-mail: _____
 Phone: _____

Response method:	Notify:	Information requested:	Priority:
<input type="checkbox"/> E-mail (preferred)	<input type="checkbox"/> Collector	<input type="checkbox"/> Control information	<input type="checkbox"/> Routine
<input type="checkbox"/> FAX	<input type="checkbox"/> Submitter	<input type="checkbox"/> Species identification	<input type="checkbox"/> Urgent (explain why)
<input type="checkbox"/> Telephone	<input type="checkbox"/> Agent only	<input type="checkbox"/> Other (please explain)	<input type="checkbox"/> Regular mail

What insect or disease did you survey for? _____

What type of plant did you survey? _____ **Plant name:** _____

<input type="checkbox"/> Ornamentals	<input type="checkbox"/> Field crop	Number of plants surveyed: _____ % of plants infested: _____
<input type="checkbox"/> Fruit	<input type="checkbox"/> Greenhouse	
<input type="checkbox"/> Vegetables	<input type="checkbox"/> Pasture	
<input type="checkbox"/> Forest/Shade tree	<input type="checkbox"/> Turf	

Parts where pest/pathogen located:

Leaves
 Growing tips
 Buds
 Blossoms
 Fruit/Nut/Seeds
 Stem/Trunk
 Branches/Twigs
 Roots
 Tubers/Bulbs

Symptoms:

Dieback
 Leaf discoloration
 Leaf drop
 Tip burn
 Fruit injury
 Abnormal growth
 Galls
 Stunting
 Slow decline
 Sudden collapse
 Other: _____

ADDITIONAL INFORMATION ABOUT SAMPLE: