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



Laboratory Record for Insect and Arthropod Identification

Name:	Name:						☐ Arborist ☐ Commer ☐ Farmer ☐ Golf cou ☐ Governm		☐ Greenhouse grower ☐ Homeowner ☐ Nurseryman ☐ Landscaper ☐ Schools			
Address:						Toda	Today's Date:					
City, zip code:						MG or sta						
Phone:	_							How was sample		Site visit		Mailed
Email:			_		su	bmitted		Delivered		Library		
2. Plant Information Genus				no plants are a Spe	tip down t	Varietal or Common Name				on Name		
3. Site Information	_						-		48.			
Affected Parts	G	Seneral Appearance						LO	cation deale			landagane
entire plant flowers	+	chewing injury cupping	+-'	frass galls	+	one p	nant % affected	, 		er / farm	+	landscape lawn / turf
fruit	+	decline	+-	hole(s)	+	scatte		-	fores		+	nursery
seed	+	defoliation	+	leafspot	+	-	in variety	+	garde		+	orchard
leaf / petiole	+	die-back	+	mosaic	+	gener		+		nhouse	+	tree farm
stem / branch	+	distortion	+	stippling	+	heavy		\dashv	hydroponics		+	vineyard
trunk / crown	+	dwarfing	+	stunted	+	100%		$\dashv \uparrow$		orscape	\dagger	vii ie j a.i
bulb / tuber	+	exudate/ooze	+	wilting	+	unkno		$\dashv \uparrow$	1114-	<u> </u>	1	
roots	†	fasciation	<u> </u>	wound	†_		in area	$\dashv \downarrow$				
	I			yellowing	上							
	~m:	-4ion										
4 Infectation info				ife stage(s)								
4. Infestation info	TL	ocation			4							
	L	internal	╀	adult								
residence building	L L				+							
residence building human body		internal	Ė	adult								
residence building		internal		adult egg	_ _ _							
residence building human body		internal external		adult egg larva	 							_
residence building human body animal		internal external	<u> </u>	adult egg larva	- - - -							
residence building human body animal		internal external		adult egg larva	- - - -							
residence building human body animal		internal external	<u> </u>	adult egg larva	- - - - -							

LABORATORY WORKSHEET

Diagno	estic procedures:							
1	Gross examination					7		Consult
2	Gross dissection					8		Literature search
3	Stereomicroscopic exa	mination				9		
4	Stereomicroscopic dis	section				10		
5	Compound microscopy	/				11		
6	Rearing chamber					12		
Date	Notes:							
Date	Notes:							
Identifi	ication / diagnosis:							
1								
2								
3								
Recom	mendations::							
_								
Record	I Completion Information							
	Reported to:							
	Reported by:	_			_			
	Reported via:	☐ Email	☐ Fax	☐ Mail	☐ Phone	□ Voi	cem	ail 🔲 in person
	Date closed:							
	Disposition of record:	☐ to Sherry	☐ to Sus	an 🛮 to I	Mike			