

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

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

