



Cornell University

Insect Diagnostic Laboratory (IDL) Sample Information Form

Name: _____

Where sample collected (if different):

Address: _____

(Name): _____

Town, State, Zip: _____

Address: _____

E-mail address: _____

Town: _____

Phone: (_____) _____

State, Zip: _____

Date Collected: _____

Host (kind of plant, animal, food, etc.): _____

If found indoors: (house, office, etc.) room(s), floor(s): _____

If outdoors not associated with a plant: (foundation, deck, etc.): _____

Nature and extent of problem, and when it was first noticed: *(use back of page if needed)*

If the host is a plant: Age of plant(s): _____

When did the problem first occur?: _____ *Is it getting worse?:* _____

Distribution of problem (entire field, a few of the plants, dry or wet areas, single houseplant, etc.):

Mail sample, \$25 payment, and this form to:

**Insect Diagnostic Laboratory
Cornell University
Dept. of Entomology
2144 Comstock Hall
Ithaca, NY 14853-2601**

For more information see: <http://www.entomology.cornell.edu/IDL>

Before sending, have you:

- Enclosed the sample, in a crush-proof container with padding?
- Enclosed a check or money order for \$25 payable to Cornell University?
- Included your address, and (if possible) e-mail, for the response?

FOR LAB USE ONLY:

Material received: adult immature egg leaves branches roots whole plant other: _____