

Insect Identification Lab Sample Submission Form

Lab sample #: _____

Date received: _____

Phone: (352) 273-3933

Email: LJBuss@ufl.edu

<https://entnemdept.ufl.edu/insectid>

***=Required information**

Mail samples to:

Lyle Buss
1881 Natural Area Drive
PO Box 110620, Gainesville, FL 32611

PAYMENT INFORMATION:

FEE: \$15 per sample

**PAYMENT IS DUE BEFORE REPORTS
CAN BE PROVIDED.**



*** PAYMENT METHOD:**

- Check or money order enclosed, made out to the "University of Florida."
- Electronic payment – email me an invoice I can pay online.
- Exempt. Submitted by Florida Cooperative Extension.

SPECIMEN COLLECTION LOCATION

Collector Name _____

Address collected _____

*City/State _____ *Zip _____

County _____ Phone (____) _____

E-mail _____

*Date Collected _____

SUBMITTER INFORMATION (IF DIFFERENT FROM COLLECTOR)

* Name _____

Company _____

*Address _____

*City/State _____ *Zip _____

Phone (____) _____

*E-mail _____

DESCRIBE THE INSECT ISSUE BY FILLING OUT THE MOST APPROPRIATE SECTION(S) BELOW.

INSECTS ON PLANTS

Location Greenhouse Yard/Landscape Golf course Nursery Lawn Vegetable Other _____

Plant name: _____

Which parts of the plant are affected? Describe the damage. _____

If possible, please include a sample of the plant and damage with your insect sample.

INSECTS IN OR AROUND BUILDINGS

Describe the problem: # of insects, where found, damage caused, etc. _____

INSECTS AFFECTING HUMANS OR ANIMALS

Describe the problem: # of insects, where found, harm caused, etc. _____

Reports are typically sent via e-mail.

Reply to:

Collector E-mail Phone
Submitter E-mail Phone

Information requested:

___ Management recommendations
___ Species identification
___ Other (please explain)

Priority:

___ Routine
___ Urgent (explain why)

Additional notes: _____
