



Cornell University

Cornell Cooperative Extension  
Monroe County

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## Insect and Tick Submission Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Lab File # \_\_\_\_\_

**Internal Use Only**

Cornell Cooperative Extension is a subordinate government agency and required to comply with federal government record-keeping and reporting requirements. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. Please assist by checking the appropriate designation in each area:

**Gender:** ☐ Male | ☐ Female | ☐ Other

**Ethnicity:** ☐ Hispanic or Latino | ☐ Non-Hispanic

**Race:** ☐ African American/Black | ☐ White | ☐ Native American | ☐ Asian | ☐ Pacific Islander | ☐ Other

When was the problem first noticed? \_\_\_\_\_

Location Found							
Body	In/On Clothing	Bed/Frame	Carpet	Stored Food	Sink/Drain	Furniture	Wall/Ceiling
Houseplants	Trees/shrubs	Lawn	Flowers	Vegetables	Fruit	Soil	Firewood
Animal	Basement						

Comments:

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