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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 circling the appropriate designation in each area:

Gender: Male Female Other **Ethnicity:** Hispanic or Latino/a?
Race: White Black 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:

Diagnostician _____

Date _____

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