



## Insect Submission Form

Fee: \$20 cash/check, \$21 credit card / PayPal

### Box 1.

Customer Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email (legible): \_\_\_\_\_

### For Internal Use Only

Lab File #: \_\_\_\_\_  
Diagnostician: \_\_\_\_\_  
Date Analyzed: \_\_\_\_\_  
Date emailed: \_\_\_\_\_  
Findings: \_\_\_\_\_

**Box 2.** We are required to comply with federal government reporting requirements. Please check all appropriate boxes. The data will be kept confidential and used for analytical and reporting purposes only.

**Gender:**  Male  Female  Other      **Ethnicity:**  Hispanic or Latino  Non-Hispanic  Other  
**Race:**  African American/Black  White  Native American  Asian  Pacific Islander  Other

**Box 3.** Provide as much information about the specimen as possible (Circle all that applies)

**When was the problem first noticed?** \_\_\_\_\_ **Date of Collection** \_\_\_\_\_

**Location Found:**

Body	Houseplant	Firewood
In/On Clothing	Tree/Shrub	Pet/Livestock
Carpet	Lawn	Basement
Stored Food	Flowers	Other
Sink/Drain	Vegetables	
Furniture	Fruit	
Wall/Ceiling	Ground/In the Soil	

**Additional comments to help with Identification:** \_\_\_\_\_  
\_\_\_\_\_

*Thank you for your business!*