Cornell Cooperative Extension
Monroe County

Insect Submission Form

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

Diagnostic Clinic - Insect Sample

Diagnostic Clinic
Cornell Cooperative Extension
2449 St. Paul Blvd
Rochester, NY 14617
585) 753-2550
monroe@cornell.edu

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!