1426 E 750 N Suite 202 Orem, UT 84097 Phone: 385-268-6530 gardenhelp@usu.edu horticultureassistant@usu.edu

Insect, Spider, etc. ID Diagnostic Lab Form



\$2.00 paid_____

| Date: | | |
|---|-----------------------------|--------------------------|
| NAME: | | □ Commercial □ Homeowner |
| | | |
| Phone Number: | | |
| Primary | Other | Other |
| Email Address: | | |
| | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Where was the insect or spider for | aund? (nlease give details) | |
| Where was the insect or spider found? (please give details) | | |
| □ Indoors | | |
| | | |
| | | |
| | | |
| | | |
| □ Outdoors | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

FOR OFFICE USE ONLY:

| Diagnostician | |
|-----------------------------------|--|
| Diagnostician Date | |
| Identification | |
| | |
| | |
| Control | |
| | |
| | |
| | |
| | |
| | |
| Comments | |
| | |
| D-4- D1'- 1 | |
| Date Replied | |
| Person Contacted | |
| | □ Phone □ Email □ Mail □ In Person □ Sent to Logan |
| Name of person who contacted them | |
| | |
| | |
| Statistical Reporting (Op | tional*) |
| Gender: | Ethnicity: |
| ⊐ Male □ Female | □ Caucasian □ Hispanic □ American Indian □ African American □ Pacific Islander □ Other: |

^{*}As part of the United States Department of Agriculture, USU Extension must demonstrate that it does not discriminate in the dissemination of its programs.