



Alaska Cooperative Extension Service
Integrated Pest Management Program
2221 E. Northern Lights Blvd. Suite 118 • Anchorage, Alaska 99508

Office Use Only
Code
Site

Insect, Disease, and Plant Specimen Identification Request Form

Name Date
Address City Zip
Home phone Work Phone

Type of sample submitted: Insect Plant

Please fill out section A, B, or C:

A. Insect Identification
1. Where have the insects been discovered?
2. Number of insects observed
3. How long have you noticed the insects?

C. Plant Identification
1. Where was this plant found?

B. Plant SYMPTOMS
1. Describe the plant symptoms:
2. What type of plant is affected?
3. What part of the plant is affected?
4. What is the distribution of symptoms?
5. How long have you noticed the symptoms?
6. Where is the plant located?
7. Have you used any chemical treatments (pesticides, fertilizers, etc.)?
If YES, what and when?

For Office Use: Agent/Technician Date
Diagnosis