



SYSTEMATIC ENTOMOLOGY LAB IDENTIFICATION REQUEST

Priority:

Lot Number:

Date Submitted:

Number of Specimens:

Date Needed:

Specimen Disposition:

☐ Return ☐ Keep/Discard

Name:

Submitter's Reference Number:

Tentative Identification:

Address:

Level of Identification Requested ☐ Family ☐ Genus ☐ Species

Host:

Reason for Identification:

- ☐ A – Biological Control
- ☐ B – Damaging Crop/Plants
- ☐ C – Suspected Pest of Regulatory Concern
- ☐ D – Stored Product Pest
- ☐ E – Livestock, Wildlife, or Domestic Animal Pest
- ☐ F – Danger to Human Health
- ☐ G – Household Pest
- ☐ H – Possible Immigrant
- ☐ I – Reference Collection
- ☐ J – Survey
- ☐ K – Thesis IF known
- ☐ L – Other (elaborate below)

Telephone:

FAX:

E-mail:

Affiliation:

- | | |
|---|---|
| <input type="checkbox"/> APHIS/PPQ | <input type="checkbox"/> Private Individual |
| <input type="checkbox"/> ARS | <input type="checkbox"/> Other Federal (US) |
| <input type="checkbox"/> Commercial Organization | <input type="checkbox"/> Other State Agency |
| <input type="checkbox"/> US Department of Defense | <input type="checkbox"/> Private University |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> State Agriculture Agency |
| <input type="checkbox"/> US Forest Service | <input type="checkbox"/> State University |

Collecting Permits:

☐ Required

☐ Not Required

If required, please submit copies with specimens.

Submitter is willing to recognize identifier(s) via:

Co-authorship

Citation of relevant publication(s) authored by identifier(s)

Acknowledgement in published work

Other or N/A

Project Description:

Remarks:



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