



# Insect Diagnostic Lab Sample Submission Form

**For Lab Use Only:**

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Date \_\_\_\_\_

Type of Insect \_\_\_\_\_  
*(beetle, worm, crawling, flying, etc.)*

Submitter Information	Client Information
Name _____	Name _____
Address _____	Address _____
City, County, State, Zip _____	City, County, State, Zip _____
Phone _____	Phone _____
Email _____	Email _____

**Description** ~ *The diagnostic process often involves piecing together many different clues. Providing background information with a specimen can greatly assist in the diagnostic process. Please include details such as the specific location where the insect was found, what it was feeding on, the behavior of the insect, the number present, and other relevant details.*

**Where was the insect found?** \_\_\_\_\_

**What if anything was it eating?** \_\_\_\_\_

**Behavior/Other** \_\_\_\_\_

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**For Lab Use Only** \_\_\_\_\_

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For sample submission instructions, visit: <https://insectlab.russell.wisc.edu/samples/>

Mail your sample with this completed form to the  
Insect Diagnostic Lab  
1630 Linden Drive  
Madison, WI 53706

For samples submitted through a UW-  
Madison Extension Office, your local  
office will contact you with your results.