

VALLEY LABORATORY INSECT SAMPLE SUBMISSION FORM

Date:



Yourself and/or Company Information:

Name:

Address:

Phone:

Fax:

Email:

| | | |
|-----------------------------|---------------------|--------------------------------|
| Business | Health Department | Municipal/State/Federal Agency |
| Construction Contractor | Homeowner | Pest Control Operator |
| Educational Institution | Landscaper/Arborist | |
| Grower/Nursery/Orchard/Farm | Medical/Veterinary | Other: |

If you are submitting a sample on behalf of someone else (customer, relative, etc.), please fill out details below:

Name:

Date of Sample Collection:

Address:

Phone:

Fax:

Email:

Source of Specimen(s) Indoors:

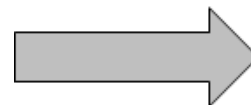
| | |
|--------------|-----------|
| Attic | Workplace |
| Basement | Other: |
| Bathroom | |
| Bedroom | |
| Family Room | |
| Furniture | |
| Kitchen | |
| Laundry Room | |
| Pantry | |
| Porch | |

Source of Specimen(s) Outdoors:

| | |
|-------------------|------------------|
| Barn | Playground |
| Exterior of House | Shed |
| Field | Shrubs/Trees |
| Flower Garden | Vegetable Garden |
| Foundation Plants | Vehicle |
| Garage | Woods |
| Greenhouse | Other: |
| Lawn | |
| Nursery | |
| Orchard | |

Sample For:

Identification Only
Identification and Control



Comments:

For Office Use:

Date:

Identification:

Staff.....

Reply: **Phone** **E-mail** **In Person**

Reply Date: