



SYSTEMATIC ENTOMOLOGY LAB IDENTIFICATION REQUEST

Priority:	Lot Number:
Date Submitted:	Number of Specimens:
Date Needed:	Specimen Disposition: <input type="checkbox"/> Return <input type="checkbox"/> Keep/Discard
Submitter's Reference Number:	Tentative Identification:

Name:

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/Fieldwork
- 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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