

K-STATE

Research and Extension

To: Insect Diagnostic Lab
Department of Entomology
Kansas State University
123 Water Hall - 1603 Old Claflin Pl.
Manhattan, KS, 66506-4027

County _____

PLANT PESTS

Client's Name _____

Agent's name (if known) _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Host plant: _____ Infestation: ___one ___several ___>100 ___% of planting

Planting date / plant age: _____ Plant parts affected: _____

Symptoms:

- | | | | |
|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> wood-boring | <input type="checkbox"/> stippling/speckling | <input type="checkbox"/> chewed | <input type="checkbox"/> poor growth |
| <input type="checkbox"/> galls | <input type="checkbox"/> yellowing | <input type="checkbox"/> skeletonized leaves | <input type="checkbox"/> dieback |
| <input type="checkbox"/> webbing | <input type="checkbox"/> browning/scorched | <input type="checkbox"/> distorted/curled | |

Date of sample collection: _____ Insecticides used? (what, when): _____

- Requested Information: Identification Life cycle or habits If it causes damage
 Control measures Other

Additional comments:

For office use
