

Date _____ **INSECT AND PLANT DISEASE IDENTIFICATION FORM (2FM192)** Lab# _____

Mailing address: 119 AgBioScience Facility, P.O. Box 173150, MSU, Bozeman, MT 59717

Fill out form as completely as possible and send all three copies with the specimen. *Agent's copy—white; cooperator—canary; specialist—pink*

1. <input type="checkbox"/> insect <input type="checkbox"/> plant disease		2. Name of plant(s) (crop and variety affected):					
3. Date collected:				4. Collector:			
5. Name of owner (grower):				6. Telephone Number:			
7. Address, city and county (or location of property where specimen was found):							
8. Location:	<input type="checkbox"/> <i>dryland field</i>	<input type="checkbox"/> <i>irrigated field</i>	<input type="checkbox"/> <i>pasture/range</i>	<input type="checkbox"/> <i>lawn</i>	<input type="checkbox"/> <i>garden</i>	<input type="checkbox"/> <i>woodlands</i>	<input type="checkbox"/> <i>building</i> <input type="checkbox"/> <i>other:</i>
9. Pattern: <input type="checkbox"/> <i>widespread</i> <input type="checkbox"/> <i>scattered</i> <input type="checkbox"/> <i>occasional plant</i> <input type="checkbox"/> <i>one plant species affected</i> <input type="checkbox"/> <i>more than one plant species affected</i>			Describe or draw pattern on plant and/or in field or area:				
10. Describe all symptoms :							
11. Degree of injury or infestation:		<input type="checkbox"/> <i>heavy</i>	<input type="checkbox"/> <i>medium</i>	<input type="checkbox"/> <i>light</i>	<input type="checkbox"/> <i>unknown</i>		
12. Remarks: Include any information that you think is important e.g., When symptoms first noticed, cropping history, weather conditions (recent and past few years), fertilizer and pesticides used, cultural care, seeding or planting date, etc.							
13. Send reply by: <input type="checkbox"/> Hard copy Address :				<input type="checkbox"/> E-mail Address:			
14. Agent signature				15. County			

DIAGNOSIS (To be filled out by specialist)

