

Insect Pathology Sample Submission Form

Requestor: _____ Date: _____

Address: _____

Phone/Fax: _____

Email: _____

Insect species: _____

Number of samples: _____ Individuals/sample: _____

Signs & Symptoms:

Service(s) desired:

_____ Basic Diagnostic Screen (BDS)

_____ Antibiotic Sensitivity (*only after a bacteria-positive BDS*)

_____ Bacterial Identification (*only after a bacteria-positive BDS*)

_____ Non-occluded Virus Screen (*only after a completely negative BDS*)

Please ship live insects "priority overnight" and packaged for protection against extreme environmental conditions. This form filled out must be shipped with all shipments of insects.

DO NOT SHIP WITHOUT PRIOR NOTIFICATION AND CONTACT.

Comments: