



## INSECT DIAGNOSTIC FORM

Date \_\_\_\_\_

Received by \_\_\_\_\_

Name		
Mailing Address		
City	State	Zip
Phone Number	Email Address	

Date collected \_\_\_\_\_

Degree of Infestation            light            moderate            severe

### PLEASE CIRCLE ALL THAT APPLY

Where found	House Pest	Part Affected on Plant	Plant Symptoms
Yard/landscape	Attic	Leaves	Yellowed/Browning
Lawn	Cabinets	Branches	Stunted
Vegetable garden	Pantry	Flowers	Branch death
Landscape plant	Basement	Fruit/seed	Cracks/wounds branches
House	Bedroom	Bark	Cracks/wounds trunk
Food	Near window	Other	Leaf margins
Other	Light source		Leaf drop or wilt
	Other		Odd growth or oozing

Clients comments \_\_\_\_\_  
\_\_\_\_\_

**Best insect identification occurs with intact specimens.  
Scotch tape mounting is not recommended for proper identification.**

**FOR STAFF USE ONLY**

Based upon the provided sample and information, we have concluded that the specimen to be:

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The information given herein is supplied with the understanding that no discrimination is intended and no endorsement by Cooperative Extension is applied.

Other questions may be answered by calling the Ocean County Master Gardener Helpline at 732-349-1245.

Notification to Client:      \_\_\_\_\_ Spoke to client      \_\_\_\_\_ Left message for client

Fact sheet sent to Client:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Name of **Master Gardener Volunteer**      \_\_\_\_\_

Name of **RCE of Ocean County Staff**      \_\_\_\_\_

Date      \_\_\_\_\_



Steven Yergeau, Ph.D.  
Environ. & Resource Management Agent  
yergeau@njaes.rutgers.edu