



The University of Georgia
College of Agricultural and Environmental Sciences
Cooperative Extension Services

HOMEOWNER IPM INSECT DIAGNOSTIC CLINIC FORM

HOMEOWNER IPM INSECT SAMPLES CAN BE SUBMITTED ONLY THROUGH
YOUR LOCAL COUNTY COOPERATIVE EXTENSION OFFICE.

*All items with an asterisk must be completed

Date: _____ Sample Submitted by (Other than
Grower/Owner): _____

Client's Name: _____

Address: _____

Phone: (____) _____

The following information is important and could help with the diagnosis.

1. Locality (nearest town/city) where specimen was collected _____.
2. * Date collected _____.
3. Follow up to DDDI (Sample No.) _____.
4. * If collected from a plant, give name of plant and describe damage
_____.
5. * If collected from a residence or other structure, give site(s) of collection
_____.
6. Degree of infestation _____?
7. Chemicals Applied:
Chemical: _____ Rate: _____ Date last applied: _____
Chemical: _____ Rate: _____ Date last applied: _____
Chemical: _____ Rate: _____ Date last applied: _____

*County: _____ *Agent: _____ *Phone: _____

Diagnosis:

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