



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:

The University of Georgia and Ft. Valley State College, the U.S. Department of Agriculture and counties of the state cooperating.
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national origin, age, sex or disability.

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