



SYSTEMATIC ENTOMOLOGY LAB IDENTIFICATION REQUEST

Priority:	Lot Number:
-----------	-------------

Date Submitted:	Number of Specimens:
-----------------	----------------------

Date Needed:	Specimen Disposition: <input type="checkbox"/> Return <input type="checkbox"/> Keep/Discard
--------------	------------------------------------------------------------------------------------------------

Submitter's Reference Number:	Tentative Identification:
-------------------------------	---------------------------

Level of Identification Requested <small>by user/vqpg#:</small> <input type="checkbox"/> Family <input type="checkbox"/> Genus <input type="checkbox"/> Species

Host:

Reason for Identification: <input type="checkbox"/> A – Biological Control <input type="checkbox"/> B – Damaging Crop/Plants <input type="checkbox"/> C – Suspected Pest of Regulatory Concern <input type="checkbox"/> D – Stored Product Pest <input type="checkbox"/> E – Livestock, Wildlife, or Domestic Animal Pest <input type="checkbox"/> F – Danger to Human Health <input type="checkbox"/> G – Household Pest <input type="checkbox"/> H – Possible Immigrant <input type="checkbox"/> I – Reference Collection <input type="checkbox"/> J – Survey <input type="checkbox"/> K – Thesis IF <small>kuugt v kqp</small> <input type="checkbox"/> L – Other (elaborate below)

Name:

Address:

Telephone:	FAX:
------------	------

E-mail:

Affiliation: <input type="checkbox"/> APHIS/PPQ <input type="checkbox"/> Private Individual <input type="checkbox"/> ARS <input type="checkbox"/> Other Federal (US) <input type="checkbox"/> Commercial Organization <input type="checkbox"/> Other State Agency <input type="checkbox"/> US Department of Defense <input type="checkbox"/> Private University <input type="checkbox"/> Foreign <input type="checkbox"/> State Agriculture Agency <input type="checkbox"/> US Forest Service <input type="checkbox"/> State University

Collecting Permits: <input type="checkbox"/> Required <input type="checkbox"/> Not Required If required, please submit copies with specimens.

Submitter is willing to recognize identifier(s) via: <input type="checkbox"/> Co-authorship <input type="checkbox"/> Citation of relevant publication(s) authored by identifier(s) <input type="checkbox"/> Acknowledgement in published work <input type="checkbox"/> Other or N/A

Project Description:

Remarks:



Communications & Taxonomic Services Unit – Systematic Entomology
 Laboratory Building 003 – Room 328 – BARC-West
 10300 Baltimore Avenue – Beltsville – Maryland – 20705

