

INSECT/ARTHROPOD IDENTIFICATION FORM
New Hampshire Department of Agriculture, Markets and Food
Division of Plant Industry
State Lab Building
29 Hazen Dr.
Concord, NH 03301

Name and Mailing Address:

Phone number:

Email address:

How would you prefer to be contacted?

COLLECTION DATA

Where did you collect this specimen (address, city, township, country)? Be as specific as possible.

When did you collect this specimen?

DESCRIPTION OF THE PROBLEM

What is your specific concern regarding this specimen? What was the specimen doing when you collected it?

OFFICE USE ONLY

Date specimen received:

Identification #:

Date specimen identified:

Initials of identifier:

Order:

Family:

Genus & species:

Sex: M F

Stage of development: Adult Immature

Notes: