Cornell Cooperative Extension
Schenectady County

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INSECT DIAGNOSTIC LAB SUBMISSION FORM

Please drop samples off to the address on back.

Sender's Name _____ Company/Organization_____

Address _____ City_____ State_____ Zip_____

County_____Phone_____ Email_____

☐ Yes, please add me to your mail/email list

Date Sent _____
Date Received _____
$5 Fee Received on _____

1. Where found (plant, crop, indoors, kitchen, bathroom etc.)

_____

Date collected_____

2. If found indoors (house, office etc.) room (s), floors) _____

3. If found outdoors, not associated with a plant (foundation, deck etc) room (s), floors)

_____

4. Has control been attempted? If you used a chemical, please indicate product name and date of application

_____

5. Nature and extent of problem, and when first noticed

_____

6. If found on a plant; what kind of plant _____

Building Strong and Vibrant New York Communities

Where do I bring samples?

Mondays and Thursday, 9:30 am to Noon

The Sustainable Living Center and Greenhouses
180 PTL. Arthur Chaires Lane, Central Park, Schenectady.

We are located next to the tennis courts.

DIAGNOSIS: (Do not write in this space - for official lab use only)

_____

_____

_____

_____

_____

_____

_____

Diagnosis by _____ Date reply _____

Emailed results _____ Called _____ Left message _____