

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTOR SERVICE

Instructions: Type or print information requested. Press hard and print legibly when handwritten. Item 1 assign number for each collection beginning with year, followed by collector's initials and collector's number. Example (collector, John J. Dingle); 83-JJD-001.  
**Pest Data Section** - Complete Items 14, 15 and 16 or 19 or 20 and 21 as applicable. Complete Items 17 and 18 if a trap was used.

**FOR IIB/IH USE**  
LOT NO.  
PRIORITY

**SPECIMENS FOR DETERMINATION**

1. COLLECTION NUMBER	2. DATE	3. SUBMITTING AGENCY <input type="checkbox"/> State Cooperator <input type="checkbox"/> PPQ <input type="checkbox"/> Other .....
	MO   DA   YR	

4. NAME OF SENDER	INTERCEPTION SITE	5. TYPE OF PROPERTY (Farm, Feedmill, Nursery, etc.)
6. ADDRESS OF SENDER		7. NAME AND ADDRESS OF PROPERTY OR OWNER
ZIP		COUNTRY/ COUNTY

8. REASON FOR IDENTIFICATION ("X" ALL Applicable Items)

A. <input type="checkbox"/> Biological Control (Target Pest Name )	E. <input type="checkbox"/> Livestock, Domestic Animal Pest
B. <input type="checkbox"/> Damaging Crops/Plants	H. <input type="checkbox"/> Possible Immigrant (Explain in remarks)
C. <input type="checkbox"/> Suspected Pest of Regulatory Concern (Explain in remarks)	J. <input type="checkbox"/> Survey (Explain in remarks)
D. <input type="checkbox"/> Stored Product Pest	L. <input type="checkbox"/> Other (Explain in remarks)

9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".

10. HOST INFORMATION	11. QUANTITY OF HOST	
NAME OF HOST (Scientific name when possible)	NUMBER OF ACRES/PLANTS	PLANTS AFFECTED (Insert figure & indicate number or percent) <input type="checkbox"/> Number <input type="checkbox"/> Percent

12. PLANT DISTRIBUTION <input type="checkbox"/> LIMITED <input type="checkbox"/> SCATTERED <input type="checkbox"/> WIDESPREAD	13. PLANT PARTS AFFECTED			
	<input type="checkbox"/> Leaves, Upper Surface	<input type="checkbox"/> Trunk/Bark	<input type="checkbox"/> Bulbs, Tubers, Corms	<input type="checkbox"/> Seeds
<input type="checkbox"/> Leaves, Lower Surface	<input type="checkbox"/> Branches	<input type="checkbox"/> Buds	<input type="checkbox"/> Flowers	
<input type="checkbox"/> Petiole	<input type="checkbox"/> Growing Tips	<input type="checkbox"/> Fruits or Nuts		
<input type="checkbox"/> Stem	<input type="checkbox"/> Roots			

14. PEST DISTRIBUTION <input type="checkbox"/> FEW <input type="checkbox"/> COMMON <input type="checkbox"/> ABUNDANT <input type="checkbox"/> EXTREME	15. <input type="checkbox"/> INSECTS <input type="checkbox"/> NEMATODES <input type="checkbox"/> MOLLUSKS								
	NUMBER SUBMITTED	LARVAE	PUPAE	ADULTS	CAST SKINS	EGGS	NYPHYS	JUVS.	CYSTS
	ALIVE								
	DEAD								

16. SAMPLING METHOD	17. TYPE OF TRAP AND LURE	18. TRAP NUMBER
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19. PLANT PATHOLOGY - PLANT SYMPTOMS ("X" one and describe symptoms)  
 ISOLATED     GENERAL

20. WEED DENSITY <input type="checkbox"/> FEW <input type="checkbox"/> SPOTTY <input type="checkbox"/> GENERAL	21. WEED GROWTH STAGE <input type="checkbox"/> SEEDLING <input type="checkbox"/> VEGETATIVE <input type="checkbox"/> FLOWERING/FRUITING <input type="checkbox"/> MATURE
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22. REMARKS

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23. TENTATIVE DETERMINATION

24. DETERMINATION AND NOTES (Not for Field Use)

**FOR IIB/IH USE**

DATE RECEIVED

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NO. LABEL SORTED PREPARED

DATE ACCEPTED

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