



INSECT SPECIMEN SUBMISSION FORM

Nebraska Extension for Douglas-Sarpy Counties

PLEASE READ PRIOR TO FILLING OUT FORM

Nebraska Extension in Douglas-Sarpy Counties wants to assist you in solving your insect or spider problems and help you make good decisions about pest management options. We accept many specimens, but there are some guidelines that must be followed.

Acceptable:

- One or more samples of the same kind of insect in a sealed, clear container or clear plastic bag
- Sticky traps or glue boards cut down to one or more samples of the same kind of insect and transferred to a clear plastic bag
- Wood shavings in a sealed container or a sample of damaged wood
- *Plastic specimen bags are available at the front desk at on the cart outside the building*

Unacceptable:

Due to potential biohazards and safety concerns, we **CANNOT** accept or examine certain items.

- NO human skin, blood, or bodily fluids
- NO clothing, fabric, or textiles
- NO food items
- NO lint roller sheets, toilet/tissue paper, vacuum particles, or floor sweepings
- NO complete sticky traps or glue boards
- NO liquids

1. Explain the reason for inquiry (identification only/control options, etc.) and brief description of problem/symptoms:

2. Where in your house was this sample found? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Kitchen or pantry | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bedroom or bed |
| <input type="checkbox"/> Laundry room | <input type="checkbox"/> Living/Family/Dining room | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Attic/Storage area | <input type="checkbox"/> Garage | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> House plant/indoor plant | Name of plant: _____ | |

- House/single family Apartment/multi-family

If found outdoors:

- On tree, shrub, or flower Name of plant: _____
- Other outside location: _____

3. How long have you had this problem?

- Just noticed it A few days to a week About a month Seasonal/annual issue

4. How many have you seen?

- Just 1 less than 10 10 to 20 Too numerous to count



Contact Information

Date _____

Name: _____ Email*: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone number: _____ Alternate number: _____

**Email responses will be much quicker. Please allow 3-5 days for processing and communication.*

Bites or Skin Lesions:

- If you do NOT have a sample and did NOT witness the bite, we CANNOT identify what bit you by a skin reaction.
- Because every individual has their own unique immune system, it is impossible to diagnose the cause of the skin reaction by looking at lesions or bites alone.
- If you are suffering from a skin reaction, it is recommended you see your physician, dermatologist or someone in the medical profession that can help you treat your symptoms.

DO NOT WRITE IN THIS BOX

For office use only:

Diagnosis: _____

Date: _____

Specimen identified by: _____

Remarks or recommendations:

Information sent on date: _____ by _____ via Phone | Email | In person