



Plant Pest Diagnostics Lab

COUNTY OF SAN DIEGO

Department of Agriculture, Weights and Measures
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SPECIMEN FOR DETERMINATION FORM

Name:	Telephone:	Email:
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Mailing Address:

SAMPLE INFORMATION

Sample (A):	Sample (B):	Sample (C):	Sample (D):
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Location where sample(s) found/address if different from above:

<input type="checkbox"/> Residential yard/garden	<input type="checkbox"/> Commercial Grower:
<input type="checkbox"/> Arborist	<input type="checkbox"/> Field
<input type="checkbox"/> Landscape Maintenance	<input type="checkbox"/> Greenhouse
<input type="checkbox"/> PCA	<input type="checkbox"/> Nursery
<input type="checkbox"/> County Program: _____	
<input type="checkbox"/> Other: _____	

Host plant:	Date Collected:	Specimen condition when collected: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown
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Describe Problem/Situation: Insect identification Viability check Other (please describe)

* FOR INTERNAL USE ONLY *

Lab #:	Date received:	Received by:	Receiving location: Front desk/drop box <input type="checkbox"/> COC <input type="checkbox"/> SMO Internal drop box <input type="checkbox"/> COC <input type="checkbox"/> SMO <input type="checkbox"/> Virtual/email
Activity code:	Situation code:	Program code:	Fund code:

LAB DETERMINATION

Sample	Result(s)	Rating

Determined by:	Date determined:	Results provided by: (initial & date) <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In person
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