|  |
| --- |
| Use a separate form for each sample |
|  |
| ENQUIRER DETAILS(results will be forwarded to the person below\*) |
| Name\* |  | Collector  |  |
| Contact Address |  |
| Email |  | Phone/Mobile |  |
| SAMPLE LOCATION DETAILS |
| Your Reference Number |  | **GPS (if relevant)** | **Latitude** | **Longitude** |
| **Locality Details** |  |
| Date collected |  | **Date submitted** |  |
|  Please tick a box  Identify insects or mites in sample Other, please specify ……………………………………….. ………………………………………………………………………………… |
| SAMPLE DETAILS |
| Host Name |  | Type of damage |
| Number of plants with symptoms |  |
| FOR ENTOMOLOGY STAFF USE ONLY |
| Enquiry Reference Number | **Staff Member** | **Date Completed** |
| **Diagnosis** |
| End of form |