|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |