



INSECT / SPIDER SUBMISSION FORM: IDENTIFICATION

Send your insect, mite, or spider specimens with this completed form to:

Pest Management Unit
Insect ID Lab
17 Godfrey Drive
Orono, ME 04473-3692

Contact Information:
UMaine Extension Diagnostic & Research Laboratory
1-800-287-0279 (within Maine)
extension.InsectID@maine.edu

How to submit an insect specimen for proper identification:

- All insects (excluding butterflies and moths), spiders and mites should ideally be placed in a small leak-proof container with enough rubbing alcohol to cover the specimen(s) for preservation.
- Butterflies and moths should be packed in tissue or cotton for best possible preservation.
- You can mail or drop off specimens at your local County Extension Office or at the Pest Management Unit's Insect ID Lab.
- **IMPORTANT:** Please do not submit floor sweepings, vacuum cleaner contents or specimens from the body (although ticks, suspected nits and lice will be accepted). Due to potential health risks to our diagnosticians, we CANNOT accept bodily fluids or other human debris. We are happy to work with a physician to identify any arthropod pest, but submissions of that nature MUST come directly from a physician.

Please Provide:

Your Name: _____ Phone Number: _____
Mailing Address: _____ City/Town: _____ State+Zip: _____
Email Address (our preferred mode of contact): _____
Collection Date (approximate date is fine): _____ Submission Date: _____
Collection Location if known: _____ (town/township/territory) in _____ (State)

Please provide the following information about your specimen(s):

Location of specimen(s)? (forest, kitchen, bathroom, etc.) _____
What was the specimen(s) on or in, specifically? (white pine, rose bush, sink, etc.) _____
Approximately how many specimens were found? _____
Describe damage, if any: _____
Additional Comments: _____
Treatment preferences? (if warranted): _____
Do you have children or pets in the home? _____
Submitted By County Educator? _____ County: _____

Please 'cc' identification report to: _____

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