

Louisiana State Arthropod Museum

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Insect and Spider Identification Form

Date of collection or observation: _____

Location of collection or observation: _____

Circumstances of collection or observation: _____

Problems that may be caused by or otherwise associated with the organism:

Plant or animal hosts, if relevant: _____

Name(s) and address of collectors: _____

Contact information (e-mail preferred): _____

Anything else you feel is important: _____

Please note, a \$20 diagnostic fee is charged. Checks are accepted, payable to "LSU AgCenter," or pay online at: <https://store.lsuagcenter.com/p-48-insect-identification-service.aspx>.