

Crop Protection Laboratory	Insect ID	Lab #:
Send Samples and Forms to: Ph: 306-787-8130 1610 Park Street cpl@gov.sk.ca Regina SK S4N 2G1 DO NOT SEND PAYMENT WITH THE SAMPLE	Payment Method: <input type="checkbox"/> Credit <input type="checkbox"/> Debit	Date Paid: Total Amount Owing: \$

Contact Information for Processing and Payment (required*)				
Company			Contact for Payment Name*	
Address*			Email*	
Town/City*	Province*	Postal Code*	Work/Home Phone*	Cell Phone

Sample Identifiers						
Field ID (ex. Mom's field)				Where was the insect found? <input type="checkbox"/> Field Crop <input type="checkbox"/> Food Product <input type="checkbox"/> Garden <input type="checkbox"/> Grain Storage		
Other (be specific): _____						
* Land Location or GPS	Quarter	Section	Township	Range	Meridian	Latitude: _____ N _____ W

If insect was found on a plant, please fill in:	
Plant:	Cultivar (if known):
Seeding Date:	Date/Growth Stage damage first observed:
Weather conditions prior to damage observation:	

Cost: <input type="checkbox"/> \$30 + GST (SK resident) OR <input type="checkbox"/> \$50 + GST (Non-SK resident)

Parts of Plant Affected (mark all that apply)	Type of Damage Caused (mark all that apply)	Distribution of Plant Damage (mark all that apply)
<input type="checkbox"/> Roots <input type="checkbox"/> Stems <input type="checkbox"/> Leaves <input type="checkbox"/> Flowers/Seed/Fruit	<input type="checkbox"/> Wilting <input type="checkbox"/> Stunting <input type="checkbox"/> Discolouration <input type="checkbox"/> Physical Damage <input type="checkbox"/> Abnormal Growth/Distortion <input type="checkbox"/> Spots <input type="checkbox"/> Tunneling <input type="checkbox"/> Chewed <input type="checkbox"/> Other _____	<input type="checkbox"/> Individual Plant <input type="checkbox"/> Groups <input type="checkbox"/> Scattered <input type="checkbox"/> Most of field <input type="checkbox"/> Field margins <input type="checkbox"/> Patchy <input type="checkbox"/> Roadside <input type="checkbox"/> Low areas <input type="checkbox"/> Slops <input type="checkbox"/> Knolls <input type="checkbox"/> Shelterbelt

Please add any other relevant information on an additional sheet if necessary

LAB USE ONLY <input type="checkbox"/> Identification Complete	
Common Name:	Scientific Name:

Results are confidential except where Ministry is required to report the results (quarantine or regulatory significance). CPL reserves the right to refuse submission due to improper sample, incomplete form or if your prior payment is outstanding.