



BlueBug

Insect Diagnostic Service

Insect Pest Submission Form

Department of Conservation Ecology & Entomology, Stellenbosch University

Submitted by:

Name & Surname:	_____
Company / Organization:	_____
Submission date:	_____
Phone:	_____
Email:	_____

Responsible for account*

Name (Person / Company):	_____
Phone:	_____
Email:	_____
Debtor's Code #:	_____
Order # (If Applicable):	_____

Sample submission information*

Farm / Company where sample was collected:	_____
Nearest Town / City:	_____
Host / Plant:	_____
Host or plant location:	<input type="checkbox"/> Commercial <input type="checkbox"/> Garden <input type="checkbox"/> Natural vegetation
Other:	_____
Cultivar / Variety:	_____
Symptoms / Damage:	_____
Notes:	_____

Office use only

Order:	_____	Life stage:	_____
Family:	_____	ID by:	_____
Genus:	_____	DNA Barcode:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Species:	_____	Disease Clinic #:	_____
Common Name:	_____	Sample cost (VAT Excl.):	_____
Notes:	_____	Invoice number:	_____

Submit samples to: Room 2044, JS Marais Building, Victoria street, Stellenbosch, 7600

By completing this form, permission is given to for sample to be transported and be used and kept at Stellenbosch University for identification and training purposes

Please provide all available information, about the specimen, as requested above.

All information is regarded as confidential and will be used for research purposes only.

** indicates information that is mandatory.*