

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		1. INSECT NAME	
INSECT COLLECTION WORKSHEET FOR GENOTYPE ANALYSIS			
COMPLETE FOR EACH TRAP CONTAINING SPECIMENS			
2. SUBMITTER'S NAME		3. SUBMITTER'S ADDRESS (Include Zip Code)	
4. SUBMITTER'S INTERNET EMAIL ADDRESS			
5. SUBMITTING AGENCY			
<input type="checkbox"/> State <input type="checkbox"/> USDA <input type="checkbox"/> Other Organization		Tel No. () Fax No. ()	
TRAP DATA			
6. DATE COLLECTED	7. DATE OF LAST TRAP CHECK	8. TRAP NUMBER	9. NEAREST PORT OF ENTRY (Include military bases)
10. TRAP TYPE			
<input type="checkbox"/> Delta <input type="checkbox"/> Milk Carton <input type="checkbox"/> Light Trap <input type="checkbox"/> Other			
11. TRAP LOCATION		12. APPROXIMATE NUMBER OF SPECIMENS IN TRAP	
Address:			
Town or City (or nearest one):		13. OTHER LIFE STAGES COLLECTED (If submitted check appropriate box and indicate approximate quantity)	
State:		<input type="checkbox"/> Eggs: _____ IMPORTANT: One egg mass per specimen bag. DO NOT mix egg masses.	
County:		<input type="checkbox"/> Larvae: _____	
Longitude (if available):		<input type="checkbox"/> Pupae: _____	
Latitude (if available):		<input type="checkbox"/> Female Adults: _____	
Other Coordinates:			
14. SPECIAL TREATMENTS OF SPECIMENS (e.g., Freezing conditions, Use of alcohol, Prolonged storage conditions, Host if no trap used, etc.)			
15. SEND TO:		16. DATE SENT	
Molecular Diagnostics USDA, APHIS Otis Methods Development Center Building # 1398 Otis ANGB, MA 02542		Tel: 508-563-9303 Fax: 508-564-4398	
FOR LABORATORY USE ONLY			
DATE RECEIVED	OTIS MDC ID NUMBER		