



JeffCo Plant Diagnostics

Email: plantclinic@jeffco.us

Phone: 303-271-6627

Address: 15200 W 6th Ave, Suite C, Golden, CO 80401

Date: _____

Sample #: _____

INSECT/ARTHROPOD SUBMISSION FORM

Diagnosis fee 10\$ for Jefferson County Residents

CONTACT INFORMATION

Submitter name: _____

Business/Organization: _____

Billing address: _____

City/state/zip code: _____

Phone No.: _____

Email: _____

If we are not able to complete diagnosis/identification, we will send the sample to the CSU Statewide Plant Diagnostic Clinic for evaluation (CSU SPUR). **Client will be charged CSU SPUR rates in addition to the Jeffco fee.**

I give the JeffCo Clinic permission to do this: _____ (please sign here).

CSU SPUR will send the final report to the client, and CSU will bill the client directly in accordance with their fees. If you wish for Jeffco volunteers to help with treatment suggestions, please bring the results back to us. You can schedule a meeting with a diagnostician at plantclinic@jeffco.us

SERVICE REQUESTED

☐ Identification

☐ Management Recommendation

☐ Other: _____

SPECIMEN INFORMATION

Detailed description of where specimen was:

When was specimen first noticed?

Number of specimens found:

Specimen condition:

☐ Dead

☐ Alive

Insecticides/chemicals used:

***Note: If the insect/arthropod is in your body and is causing damage (e.g., bites, rash), please do not send a sample to our clinic and contact a medical professional instead.**

You will receive a report once diagnosis is complete. Payment is due at sample drop-off.

For clinic use only

Date received by Clinician: _____

Status

DX/ID Done ☐

Report Sent ☐

Billed ☐

Paid ☐

Clinic notes:

- ☐ Adult
- ☐ Immature
- ☐ Eggs
- ☐ Pupa