

INSECT IDENTIFICATION REQUEST

Also suspected bed bug submissions-not tick submission

Sample type: INSECT
(Full Description please)

SUBMITTED BY: _____ Phone: _____
(Full name)

Address of Submitter: _____

Address where found: _____

Where was the insect found? _____
(Bed, bedroom, kitchen, bathroom, carpet) PLEASE BE SPECIFIC!

Is Insect alive? Yes No Any bites from the insect? Yes No

Date Captured: ____/____/____ Time Captured: _____ AM or PM

Type of dwelling: _____ Rent or Own
(Multifamily, single family, condo, apartment etc...)

Landlords name: _____

New residents in the building? Yes No

Any pets in the building? Yes No What kind? _____

How long have you lived at your current residence? _____

Have you purchased new furniture? _____ What was it? _____ from : _____

When did you purchase your mattress? _____ What store? _____

Do you use a Laundromat? Yes No Name of Laundromat: _____

When did you last Travel out of CT? ____/____/____ Where? _____

Frequent addresses visited in Stamford: _____

----- For Laboratory Use ONLY! -----

Action taken: _____

Referrals: _____ Date ____/____/____