

**REQUESTER**

Last name: .....  
Name: .....  
City: .....  
E-mail: .....

**OWNER**

Company name: .....  
Last name - First name:  
Address: .....  
Postal code: .....  
City: .....  
E-mail: .....

**Permission to email results** (if not, check the box )

**REASON FOR THE REQUEST**

Diagnosis     Survey    Other :

**BILLING**

Owner    Other :

**LIST OF SAMPLES**

Number of insects collected: ..... Date of collection: ..... Preservation: **70% alcohol**  
Identification of samples: .....

**REQUESTED ANALYSES**

**Identification of isolated specimens of *Diabrotica virgifera virgifera***

Sending date: ..... Collector's Name: .....  
Signature

**SECTION RESERVED FOR THE LABORATORY**

Reception date: \_\_\_\_\_ By: \_\_\_\_\_ Forwarded to:    S    P    B    BM  
Status:    R    C    A    Mode:    C    T    A