**FALL ARMYWORM SURVEILLANCE SAMPLE**

Use this form to request an insect identification or assessment by the Biosecurity Collections. This form is to be completed by the person requesting the service. Call 02 6391 3988 for advice on fees and sample packaging instructions.

# Your details

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Business name |  |
| Postal address |  |
| Email address |  |
| Telephone |  | Mobile |  |
| Are you a Local Land Services Officer? | [ ]  Yes [ ]  No |

# Property owner details

(If different to above)

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | Last name |  |
| Business name |  |
| Postal address |  |
| Email address |  |
| Telephone |  | Mobile |  |

# Sample details

|  |  |
| --- | --- |
| **Date collected** |  |
| **Trap ID** |   |
| **Sample ID** |  |
| **Host** |  |
| Rate of damage to host | [ ]  Low [ ]  Medium [ ]  High |
| GPS coordinates |  |
| PIC Property Identification Code | N |   |   |   |   |   |   |   |   |   |   |   |   |   |

# Service options

Check **one** box only

|  |  |
| --- | --- |
| I would like to know the identification of the insect | [x]  Fees apply (call 02 6391 3988) |

# Or PLEASE CODE TO: P-10634-13-01-02

|  |  |
| --- | --- |
| I would like to know if this is a new pest to Australia or NSW (no identification provided) | [x]  Free service  |

# Declaration

I declare that I am willing to accept the charges for the insect identification service

|  |  |
| --- | --- |
| Name |  |
| Signature |  | Date |  |

# Submitting the form

* Mail with the sample to **Biosecurity Collections, Orange Agricultural Institute, 1447 Forest Road, Orange NSW 2800**

Privacy notice: Information collected will not be given to any other third party except where required by law. All information provided will be held by the DPI Biosecurity and Food Safety branch of NSW Department of Primary Industries and will be managed in accordance with provisions under the Privacy and Personal Information Protection Act 1998.

|  |
| --- |
| Office use only |
| SMW Submitter Code |       | New customer? | [ ]  Yes |
| SAP ByDesign Customer ID |       | Date |       |
| Billing Account Code  |       | Initial |       |