ORGANISM CAGE LABEL FOR FBCL

Florida Biological Control Laboratory
1911 S.W 34th Street, Gainesville, FL 32608 / Ph: (352) 395-4700

Organism: ____________________________
Genus, species, author     Order: Family

Host Prey: ____________________________
Genus, species, author     Order: Family

Host Plant: ____________________________
Genus, species, author     Order: Family

Primary Investigator: ____________________________
Affiliation: ____________________________

Phone: ____________________________

Name of Primary Investigator’s assistants: ____________________________
Phone: ____________________________

__________________________  ____________________________  ____________________________
__________________________  ____________________________  ____________________________
__________________________  ____________________________  ____________________________

Shipment received in FBCL containment area: ____________________________________________
DATE: MM/DD/YYYY

Weekly work schedule:

Days: M T W Th F Sa Su
From: ____________________________

to ____________________________