

<b>S U B M I T T E R</b>	Name: _____	Mail to: <b>Department of State Health Services                  Zoonosis Control Branch – MC1956                  P.O. Box 149347                  Austin, TX 78714-9347</b>
	Address: _____	
	City _____	
	Zip: _____ County: _____	
	Phone: _____	
Email (optional): _____		To be completed by DSHS ZC Staff: Date received: _____ Submitted from HSR: _____

<b>S P E C I M E N</b>	<b>Collected from (Circle)</b>	<b>Geographic location where collected</b> (Physical address or GPS coordinates if known)
	House (inside or outside?)    Yard	_____
	Dog house                            Outbuildings	_____
	Rodent Nest    Light Trap    Rural area	_____
	Other (specify): _____	_____
	Date of Collection: _____	Lat _____
Time of day bug was collected: _____	Lon _____	

<b>C O M M E N T S</b>	<b>Describe circumstances that led to submission of specimen:</b>
	What was the bug doing when collected? _____
	Was the bug involved in a human or animal exposure? (if yes, state type) _____
	Are there Chagas positive dogs on premises?    Yes    No    Unknown    (circle)

**Information below this point to be completed by DSHS ZC Staff**

<b>S P E C I E S</b>	Specimen Number: _____	Date Received: _____	
	<b>Triatomine Species</b>	<b>Stage ( F M A N )<sup>1</sup></b>	<b>State ( UNE PE E )<sup>2</sup></b>
1: F – Female; M – Male; A – Adult (sex unknown); N – Nymph    2: UNE – Unengorged; PE - Partially Engorged; E - Engorged			

<b>R E S U L T S</b>	<b>Assay</b>	<b>Results</b>	<b>Remarks</b>
	<i>T. cruzi</i> Multi-target PCR		
	Bloodmeal Analysis		
	Results received: _____    Contacted HSR: _____		