
		G-14 Mosquito Specimen Submission Form (JAN 2018) Laboratory Services Section, MC-1947 P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49 th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 776-7318 http://www.dshs.texas.gov/lab		****For DSHS Use Only**** Place DSHS Bar Code Label Here	
Section 1. SUBMITTER INFORMATION - (** REQUIRED)					
Submitter Number**		Submitter Name/Facility**			
Address		City	State	Zip Code	Phone
Section 2. SPECIMEN INFORMATION-- (** REQUIRED)					
Date of Collection**:		Collected By**:		GPS Reading**:	
Physical Address**			Latitude**	Longitude**	
			Zip Code**	City**	County**
Type of Collection**: <input type="checkbox"/> Adult <input type="checkbox"/> Larval <input type="checkbox"/> Egg		Method of Collection**: <input type="checkbox"/> Gravid <input type="checkbox"/> Light <input type="checkbox"/> Light/Gravid <input type="checkbox"/> BG-Sentinel <input type="checkbox"/> Aspirator <input type="checkbox"/> Ovitrap <input type="checkbox"/> Dipper			Submitter/Sample ID:
Habitat:					
Comments:					
Section 3. ARBOVIRUS INFORMATION					
Arbovirus Activity from this Site During Current Season**:					
<input type="checkbox"/> WNV <input type="checkbox"/> SLE <input type="checkbox"/> WEE <input type="checkbox"/> EEE <input type="checkbox"/> CAL <input type="checkbox"/> CHIK <input type="checkbox"/> ZIKA <input type="checkbox"/> DEN <input type="checkbox"/> Other: _____					
Section 4. PAYOR SOURCE - (REQUIRED)					
<input checked="" type="checkbox"/> Zoonosis (1620)					
NOTE: Reflex testing will be performed when necessary and the appropriate party will be billed.					

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