



TEXAS
Health and Human
Services

Texas Department of State
Health Services

CAP# 3024401

CLIA #45D0660644

Questions? LabInfo@dshs.texas.gov
Specimen Acquisition: (512) 776-7598

1 FORM = 1 COLLECTION

Please complete a separate form
for each trap collection

SPECIMEN BARCODE

This Space for DSHS Laboratory Use Only

G-14 Mosquito Specimen Submission Form

SECTION 1. SUBMITTER - (** REQUIRED)

Submitter Number **		Submitter Name**			
Address	City	State	Zip Code	Phone	

SECTION 2. SPECIMEN - (** REQUIRED)

Date of Collection**:	Collected By**:	GPS Reading**:	Latitude**:	Longitude**:
Physical Address**		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"/> Other: _____			Submitter/ Sample ID:
Habitat:				
Comments:				

SECTION 3. ARBOVIRUS

Other Arbovirus Activity from this Site During Current Season:

WNV SLEV WEEV EEEV CHIKV ZIKV DENV Other: _____

SECTION 4. PAYOR SOURCE

Zoonosis (1620)

NOTE: Reflex testing will be performed when necessary and the appropriate party will be billed.

Public Health Laboratory Division | MC 1947 1100 W. 49th St. Austin, TX 78756 | <https://www.dshs.texas.gov/lab>

Revised December 2023



TEXAS
Health and Human
Services

Texas Department of State
Health Services

CAP# 3024401

CLIA #45D0660644

Questions? LabInfo@dshs.texas.gov
Specimen Acquisition: (512) 776-7598

1 FORM = 1 COLLECTION

Please complete a separate form
for each trap collection

SPECIMEN BARCODE

This Space for DSHS Laboratory Use Only

G-14 Mosquito Specimen Submission Form

SECTION 1. SUBMITTER - (** REQUIRED)

Submitter Number **		Submitter Name**			
Address	City	State	Zip Code	Phone	

SECTION 2. SPECIMEN - (** REQUIRED)

Date of Collection**:	Collected By**:	GPS Reading**:	Latitude**:	Longitude**:
Physical Address**		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"/> Other: _____			Submitter/ Sample ID:
Habitat:				
Comments:				

SECTION 3. ARBOVIRUS

Other Arbovirus Activity from this Site During Current Season:

WNV SLEV WEEV EEEV CHIKV ZIKV DENV Other: _____

SECTION 4. PAYOR SOURCE

Zoonosis (1620)

NOTE: Reflex testing will be performed when necessary and the appropriate party will be billed.

Public Health Laboratory Division | MC 1947 1100 W. 49th St. Austin, TX 78756 | <https://www.dshs.texas.gov/lab>

Revised December 2023