

S U B M I T T E R	Name: _____ Address: _____ City _____ County _____ Zip: _____ Phone: () _____	<i>To be completed by DSHS ZC Regional Office or DSHS Lab:</i> Date Received: _____ Region: _____
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S P E C I M E N	Collected from (Circle) House (inside or outside?) Yard Dog house Outbuildings Rodent Nest Light Trap Rural area Other (specify): _____ Date of Collection: _____	Geographic location where collected (Physical address or GPS coordinates if known) _____ _____ _____ Lat _____ Lon _____
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C O M M E N T S	Describe the circumstances that led to the submission of this specimen (i.e. human or animal exposure, Chagas positive dogs on premise, surveillance, etc.).
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Information below this point to be completed by testing agency.

I D E N T I F I C A T I O N	Specimen Number: _____	Date Received: _____					
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Triatomine Species</th> <th style="width:25%;">Stage (F M A N)¹</th> <th style="width:25%;">State (UNE PE E)²</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Triatomine Species	Stage (F M A N) ¹	State (UNE PE E) ²			
Triatomine Species	Stage (F M A N) ¹	State (UNE PE E) ²					
	<p>1: F – Female; M – Male; A – Adult (sex unknown); N – Nymph 2: UNE – Unengorged; PE - Partially Engorged; E - Engorged</p>						

R E S U L T S	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Assay</th> <th style="width:33%;">Results</th> <th style="width:33%;">Remarks</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Assay	Results	Remarks						
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PLEASE FAX RESULTS TO THE ZONOSIS CONTROL BRANCH AT 512-458-7454