

Texas Triatomine Bug Submission Form

*Due to laboratory workload and budget constraints at CDC, **ONLY** bugs implicated in a human exposure will be accepted for testing.*

S U B M I T T E R	Name: _____ Address: _____ City: _____ Zip: _____ County: _____ Phone: _____ Email (optional): _____	Mail to: Department of State Health Services Zoonosis Control Branch – MC1956 P.O. Box 149347 Austin, TX 78714-9347 <i>To be completed by DSHS ZC Staff:</i> Date received: _____ Submitted from HSR: _____
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S P E C I M E N	<p style="text-align: center;">Collected from (Circle)</p> House (inside or outside?) Yard Dog house Outbuildings Other (specify): _____ Date of Collection: _____ Time of day bug was collected: _____	<p style="text-align: center;">Geographic location where collected (Physical address or GPS coordinates if known)</p> _____ _____ _____ Lat _____ Lon _____
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C O M M E N T S	<p>Describe circumstances that led to submission of specimen:</p> Please describe where the bug was found and specify type of human exposure. _____ _____ _____ Are there Chagas positive dogs on premises? Yes No Unknown (circle)
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Information below this point to be completed by DSHS ZC Staff

S P E C I E S	Specimen Number: _____ Date Received at CDC: _____ <table border="1" style="width: 100%; height: 60px; text-align: center;"> <tr> <td>Triatomine Species</td> </tr> </table>	Triatomine Species
Triatomine Species		

R E S U L T S	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Assay</th> <th style="text-align: center;">Results</th> <th style="text-align: center;">Remarks</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">T. cruzi Multi-target PCR</td> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: center;">Bloodmeal Analysis</td> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Assay	Results	Remarks	T. cruzi Multi-target PCR			Bloodmeal Analysis		
Assay	Results	Remarks								
T. cruzi Multi-target PCR										
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S	Results received: _____ Contacted HSR: _____
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