



TEXAS
Health and Human
Services

Texas Department of State
Health Services

**G-14 Mosquito
Specimen Submission Form
(Jan 2020)**

www.dshs.texas.gov/lab

FOR DSHS USE ONLY

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**		County**
Type of Collection**:		Method of Collection**:			Submitter/Sample ID:
<input type="checkbox"/> Adult <input type="checkbox"/> Larval <input type="checkbox"/> Egg		<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			
Habitat:					
Comments:					

Section 3. ARBOVIRUS INFORMATION

Arbovirus Activity from this Site During Current Season**:

WNV SLE WEE EEE CAL CHIK ZIKA DEN Other: _____

Section 4. PAYOR SOURCE - (REQUIRED)

Zoonosis (1620) NOTE: Reflex testing will be performed when necessary and the appropriate party will be billed.

Laboratory Services Section: 1100 West 49th St Austin, Tx 78756



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