



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**G-14 Mosquito  
Specimen Submission Form  
(Jan 2022)**

[www.dshs.texas.gov/lab](http://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**		
		Zip Code**	City**	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 49<sup>th</sup> St Austin, Tx 78756



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