MOSQUITO RECEIVING FORM

CHPPM-PAC Lab No.: _____ Date RECEIVED: _____

SAMPLE INFORMATION:

- Priority Emergency : ☐ YES ☐ NO (If YES, complete test within 3 days)
- Trap Type----------: _____
- Trap# (ID#)----------: _____
- Date COLLECTED : _____
- Collection Location : _____
- Mosquito Lot #------ : _____

- POC (Point Of Contact):
  - Name : _____
  - TEL : _____
  - E-MAIL : _____

SPECIES INFORMATION:

- NAME (If known) : _____
- NUMBER----------: _____

- **Species 2**
  - NAME (If known) : _____
  - NUMBER----------: _____

- **Species 3**
  - NAME (If known) : _____
  - NUMBER----------: _____

PRESERVATIVES:

☐ Ethanol 90% ☐ RNeasy ☐ Other: _____

☐ Dry ☐ Frozen

EXTRACTION METHOD:

☐ RNA Extraction ☐ Both (RNA & DNA Extraction)

☐ DNA Extraction ☐ ELISA

- Extraction Date (MM/DD/YYYY): _____

TESTED FOR:

☐ Malaria – ELISA ☐ Dengue – PCR

☐ Malaria – PCR ☐ JE (Japanese Encephalitis) – PCR