

Mississippi State Department of Health
Submission Form for Mosquito Testing

Submitter Name:							
Pool Number	Mosquito Species (Please circle)	City	County	Address	Number of Mosquitoes	Collection Date	Accessioning Number (MPHL Use Only)
	Aedes Culex Coquillettidia Mixed Pool Culiseta						
	Culex Aedes Coquillettidia Culiseta Mixed Pool						
	Culex Aedes Coquillettidia Culiseta Mixed Pool						
	Culex Aedes Coquillettidia Culiseta Mixed Pool						
	Culex Aedes Coquillettidia Culiseta Mixed Pool						

**Mosquito Submission Form for Arbovirus PCR Testing
FORM 1140 Instructions**

PURPOSE

To collect information associated with mosquito pools submitted to the MPHL for arbovirus surveillance testing.

INSTRUCTIONS

Submitter Name: Complete name of submitter (required to ensure correct reporting route).

Mosquito Species (Please Circle): Circle the species of mosquitoes included in the pool.

Pool Number: Enter the first three letters of the county followed by the sequential pool number (i.e HAN001, JAC005, HIN003).

City: Enter the city name where the mosquitoes were collected.

County: Enter the county name where the mosquitoes were collected.

Address: Enter the address or GPS coordinates where the mosquitoes were collected.

Number of Mosquitoes: Enter the number of mosquitoes included in the pool

Collection Date: Enter the date of collection

Accessioning Number (MPHL Use Only): Do not write in this space. This area is used by the MSDH Laboratory staff to receive the pools for testing.

OFFICE MECHANICS AND FILING

This form should be completed each time a mosquito pool is submitted for arbovirus PCR testing.

Once the test results are determined and entered into the Laboratory Information Management System (LIMS), the results will be printed and forwarded to the identified submitter.

RETENTION PERIOD

The submitter of the specimen will maintain a copy of the form until all results are reported.

The MSDH Laboratory will retain a copy of the form for 2 years.