



**ARBOVIRUS LABORATORY ANIMAL SPECIMEN SUBMISSION FORM**

**PATIENT INFORMATION**

PATIENT ID (Chart #, etc.) <span style="float: right;">MAX. 17 CHARACTERS</span>		
LAST NAME	FIRST NAME	MI
DATE OF BIRTH	SS# (last 4 only, optional)	
COUNTY OF RESIDENCE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
STREET ADDRESS		
CITY	STATE	ZIP
PATIENT PHONE NO. (optional)		

**DATE OF COLLECTION:**

**SOURCE OF SPECIMEN:**

Mosquito Pool  Horse (serum)

**USE SEPARATE FORM FOR HUMAN SUBMISSIONS**

**TEST REQUESTED:**

Arbovirus Panel  Suspected Virus (if known):

**ANIMAL INFORMATION:**

**HORSE**

Age:	Sex:
Symptom Onset Date:	
Horse Name:	
Owner Name:	
Owner Address:	
Owner Phone:	
Is horse deceased?: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**MOSQUITO POOL**

Number in Pool:
Genus   Species:
Coordinates Where Collected:
County Where Found:
POOL NUMBER*:

**SUBMITTER INFORMATION**

FACILITY NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY		
ATTENTION TO:		
PHONE NO.		
FAX NO.		

**COMMENTS:**

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**OLS USE ONLY**

<input type="checkbox"/> UNSAT   Reason:	ACC:
<input type="checkbox"/> SATISFACTORY	DE:
	CKD:

\*Bird Number and Pool Number obtained from DIDE.