

Arthropod Specimen Identification

SEND TO> Illinois Dept. of Public Health, Div. of Environmental Health,
525 W. Jefferson St., Springfield, IL 62761

SUBMITTED BY _____ DATE _____

PERSON TO RECEIVE IDENTIFICATION INFORMATION (if different from above) :

NAME _____ PHONE _____

ORGANIZATION _____

ADDRESS/Email **(information will be sent here)** _____

_____ ZIP CODE _____

COLLECTION INFORMATION COLLECTED FROM: CITY _____ CO. _____

CIRCUMSTANCES _____
(e.g., found in garden, in food, in pet bedding, on person, in stool sample, etc.)

ADDITIONAL INFORMATION: (Do not use patient names)

Specimen ID Number: (assigned by submitting organization) _____

Clinic/Hospital _____ Department _____

Address _____ Zip Code _____

Attending Physician _____ OR Contact Person _____

PLEASE NOTE:

- 1 Submit specimens in leak-proof containers. Avoid taping or gluing specimens.
- 2 Certain specimens (e.g., ticks, insect larvae) should be in 70% ethanol or isopropyl alcohol.
- 3 Mail specimens in crush-proof containers (plastic vials, med/specimen bottles, boxes, etc.).
- 4 Specimens will be identified, but not tested for the presence of pathogens or disease.
- 5 This form is online at: www.idph.state.il.us/forms/ohp/ArthropodSpecimenForm.pdf

DETERMINATION: (for IDPH use) _____

IDPH specimen # _____ Date Identified _____ Identified by _____