



Texas Triatomine Bug Submission Form

*Due to laboratory workload and budget constraints at CDC, **ONLY** bugs implicated in a human exposure will be accepted for testing.*

S U B M I T T E R	Name*: _____ Address: _____ City: _____ Zip: _____ County: _____ Phone: _____ Email: _____ *If person(s) exposed to bug is different from submitter, please state relationship	Mail to: Department of State Health Services Zoonosis Control Branch – MC1956 Attn: Entomology P.O. Box 149347 Austin, TX 78714-9347
S P E C I M E N	Bug was found (Check)** <input type="checkbox"/> Inside House <input type="checkbox"/> Porch <input type="checkbox"/> Yard <input type="checkbox"/> Tent <input type="checkbox"/> Inside Workplace Other (specify): _____ Date of Collection: _____ **If bug is found outside a human dwelling and there is no human exposure, do NOT submit for testing. Bugs without human exposure can be submitted to Texas A&M University.	Geographic location where bug was found: (Physical address or County, at a minimum) _____ _____ _____ *If person(s) exposed to bug is different than submitter, check appropriate box for relationship between submitter and collector: <input type="checkbox"/> healthcare provider <input type="checkbox"/> parent/guardian <input type="checkbox"/> spouse/partner <input type="checkbox"/> other (if so, specify in comments)
C O M M E N T S	Describe circumstances that led to submission of specimen: Please describe where the bug was found and specify type of human exposure.	
Information below this point to be completed by DSHS ZC Staff		
S A M P L E	Specimen Number: _____ Stage: <input type="checkbox"/> Adult <input type="checkbox"/> Nymph Comments: _____ _____	Date received at DSHS: _____ Date shipped to CDC: _____ Submitted from PHR: _____ Processed by: _____
R E S U L T S	See attached CDC report for triatomine species identification, <i>Trypanosoma cruzi</i> PCR result, and bloodmeal analysis (for PCR positives).	