



Arthropod Specimen Identification Form

Person Submitting Specimen _____ Date _____

Person to Receive Identification Information (if different from above) _____ Phone ____ - ____ - ____

Organization _____

Address (information will be sent to) _____

City _____ State ____ ZIP Code ____ - ____

COLLECTION INFORMATION

Collected From City _____ County _____

Circumstances _____

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

ADDITIONAL INFORMATION

Submitting Agency Specimen ID Number
DO NOT USE PATIENT NAMES

Examples: Macon Co. Health Dept. = MaconCHD-05-1; City Hospital, 2005 = CH-05-1; or use lab specimen number.

Clinic/Hospital _____ Department _____

Address _____ ZIP Code ____ - ____

Attending Physician _____ or Contact Person _____

PLEASE NOTE:

1. Submit specimens in **crush-resistant containers** and packaging. Do not tape or glue specimens.
2. Certain specimens (e.g., ticks, insect larvae) should be in **70 percent ethanol** or isopropyl alcohol in leak-proof containers.
3. Specimens will be identified, but not tested for the presence of pathogens such as Lyme disease.
4. If you do not receive the information within 7-10 days, please contact: Curt Colwell, Ph.D., or Linn Haramis, Ph.D., 217-782-5830 or by e-mail: CURT.COLWELL@ILLINOIS.GOV or LINN.HARAMIS@ILLINOIS.GOV

**SEND TO: Specimen Identification, Illinois Department of Public Health,
Division of Environmental Health, 525 W. Jefferson St., Springfield, IL 62761**

FOR IDPH USE

Determination _____ # _____ Date _____ By _____