



# OFFICE OF LABORATORY SERVICES

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PLACE BARCODE HERE  
  
OLS USE ONLY

## ARBOVIRUS ANIMAL LABORATORY SPECIMEN SUBMISSION FORM

### ANIMAL INFORMATION

LOCATION/STREET ADDRESS		
CITY	STATE	ZIP

### HORSE

HORSE NAME	AGE	SEX
HORSE OWNER		

### MOSQUITO

MOSQUITO SPECIES	NUMBER IN POOL
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### BIRD

BIRD SPECIES	NUMBER FOUND
DATE BIRD FOUND	

### SUBMITTER INFORMATION

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

DATE OF COLLECTION:

SITE/SOURCE OF SPECIMEN:	
<input type="checkbox"/>	Serum / blood
<input type="checkbox"/>	Oral Swab
<input type="checkbox"/>	Mosquito Pool
<input type="checkbox"/>	Other _____ ( <i>specify</i> )

TEST(S) REQUESTED:	
<input type="checkbox"/>	Arbovirus antibody (horse)
<input type="checkbox"/>	Arbovirus PCR (bird/mosquito)

ANIMAL VACCINE HISTORY:

ANIMAL NUMBER (assigned by IDEP):

Please use separate MICROBIOLOGY submission test request form for human specimens.

<b>OLS USE ONLY</b>	ACC:
<input type="checkbox"/> UNSAT	DE:
Reason/ID:	CKD:

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN DELAYED TEST RESULTS