

**Affix Location
Barcode Here**



BC Centre for Disease Control



British Columbia



West Nile Virus Mosquito Surveillance Form

This form **MUST** accompany **EACH** container of mosquitoes submitted for WNV testing. Please affix one location ID bar code sticker to the surveillance form and another sticker to the corresponding trap contents sent to the BCCDC. The completed form should accompany the mosquito container in a plastic (e.g. Ziplock[®]) bag.

Complete Information Below

Date Collected: _____, 201____
Month, day, year

Date Sent to BCCDC: _____, 201____
Month, day, year

Location ID: _____

e.g. IHA 1

If this is the first submission from a new location, please have the WNV Coordinator register it with Allen Furnell 604-707-2533 allen.furnell@bccdc.ca

Was a chemical attractant used?

No Yes

If yes: Dry ice Octenol

CO₂ _____

If NO mosquitoes were collected:

- Trap was **operated** this week but no contents collected
- Trap was **not operated**
- Trap **malfunctioned**
- Trap is **no longer operated** - surveillance completed for the year

If no mosquitoes were collected, please complete the information above (including the Location ID bar code sticker, and dates), and FAX this form to 604-707-2654 for surveillance/reporting purposes.

Submitter's Contact Information:

Name:
Agency:
City:
Telephone:
FAX:
Email:

Submit specimens to:

PARASITOLOGY SECTION
BCCDC Public Health Microbiology
and Reference Laboratory
**655 West 12th Avenue
Vancouver V5Z 4R4
Phone: 604-707-2629
FAX: 604-707-2654**



BCCDC Lab Use Only – Date Specimen Received: _____