



West Nile Virus Positive Mosquito Pool Report Form

County where mosquito(s) were collected: _____

Method of testing (Ramp, VecTest, PCR): _____

Date of trap collection: _____

Species: _____

Approximate number of mosquitoes included* in tested pool: _____

*this is total number of mosquitoes in the trap(s).

Total number of positive pools this year: _____

Total number of pools tested this year: _____

Name of person reporting results: _____

Organization: _____

Phone: _____

Please complete all of the fields listed above in order to have your data submitted to the Arbonet Disease Reporting System at the U.S. Centers for Disease Control.

Please fax, or email your completed forms to:

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