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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Infectious Disease Epidemiology Unit
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