



## 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:**

**Katie Bryan, MPH**  
**Surveillance Epidemiologist**  
**Infectious Disease Epidemiology Unit**  
**Wyoming Department of Health**  
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