

**ORANGE COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
SPECIMEN IDENTIFICATION SUBMITTED BY PUBLIC**

ONE SAMPLE PER FORM

Please complete the information below. For additional comments or questions, use back of form. Our technical staff will identify the specimen and contact you. Note: specimens and containers will not be returned.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

WHERE EXACTLY INSECT WAS FOUND: _____

DATE FOUND: _____ TIME FOUND: _____

COMMENTS: _____

LAB USE ONLY

ID RESULTS: _____

BY: _____ DATE: _____

RESULTS REPORTED: PHONE LEFT MESSAGE MAIL UNABLE TO CONTACT

OTHER _____

BY: _____ DATE: _____

COMMENTS: _____
