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| **Directions for Submitting Mosquito Pools for Arbovirus Testing****Prior to sending samples, BPHL Tampa must be contacted.**1. **Mosquitoes should be non-fed females only.**
2. **Pools must contain no more than 50 mosquitoes and be sorted by species, collection site, and week/night of collection**
	1. **Mosquito pool species with known disease transmission to humans will be prioritized and tested first. Any other species will be tested on a case-by-case basis.**
	2. **Listed below are mosquito species known to transmit arboviruses to humans in Florida.**

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| **Genus and species** | **Virus** |
| ***Aedes aegypti*** | ***Chikungunya (CHIKV), Dengue (DENV), Zika***  |
| ***Aedes albopictus*** | ***CHIKV, DENV, Zika*** |
| ***Aedes atlanticus*** | ***Eastern Equine Encephalitis (EEEV)*** |
| ***Aedes sollicitans*** | ***EEEV*** |
| ***Aedes vexans*** | ***EEEV*** |
| ***Coquellitidia perturbans*** | ***EEEV*** |
| ***Culiseta melanura*** | ***EEEV*** |
| ***Culex nigripalpus*** | ***EEEV, St. Louis Encephalitis (SLEV), West Nile Encephalitis (WNV)*** |
| ***Culex quinquefasciatus*** | ***EEEV, WNV*** |

1. **Mosquito pools can be stored in 1.5 ml microcentrifuge tubes. Tubes must be labeled with the following information:**
	1. **Submitter ID**
	2. **Species**
	3. **Collection Date**
2. **Mosquitoes must be shipped cold, overnight, within 72 hours of collection.**
	1. **If samples are shipped within 24 hours of collection, they can be shipped with ice packs.**
	2. **If samples are shipped between 24-72 hours of collection, they can be stored at -80℃ and shipped with dry ice.**

**Please, complete all sections of the submission form to prevent delays in sample processing and reporting.** | **Direct Questions To:****Lead Scientist- Viral Serologic Testing and Arbovirus Surveillance**Dr. Alexis N. LaCrueBureau of Public Health Laboratories-Tampa3602 Spectrum BlvdTampa, FL 33612-9401Phone: (813) 233-2315Fax: (813) 974-5776E-mail: Alexis.LaCrue@flhealth.gov |

Bureau of Public Health Laboratories Contact Information

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| **Laboratory Director**Dr. Andrew CannonsPhone: (813) 233-2277Fax: (813) 974-3425E-mail: Andrew.Cannons@flhealth.gov | **Virology Administrator**Lea Heberlein-LarsonPhone: (813) 233-2307Fax: (813) 974-5776E-mail: Lea.Heberlein-Larson@flhealth.gov  |
| **Assistant Lead Scientist- Viral Serologic Testing and Arbovirus Surveillance**Maribel CastanedaPhone: (813) 233-2342Fax: (813) 974-5776E-mail: Maribel.Castaneda@flhealth.gov | **Scientist- Viral Serologic Testing and Arbovirus Surveillance**Bryan BenkoPhone: (813) 233-2292Fax: (813) 974-5776E-mail: Bryan.Benko@flhealth.gov |



Arbovirus Surveillance:

Mosquito Pool Molecular Analysis Request Form



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| **DOH LAB USE ONLY** |
| Date Received: |  |
| Date Reported: |  |
| Comments: |
|  |
| Bureau of Public Health Labs-Tampa Contact:Dr. Alexis N. LaCruePhone: 813-233-2315E-mail: Alexis.LaCrue@flhealth.gov |

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| **Submitter Information** |
| Name: |  |
| E-mail: |  |
| Phone number: |  |
| Organization: |  |
| Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| County: |  |

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| **Specimen Collection Data** | **DOH LAB USE ONLY** |
| **Collection Date** | **Submitter Sample ID** | **Species** | **Site Location\*****(GPS Coordinates or****Address of Collection)** | **# Per Pool****(50 max)** | **Trap Type** | **LAB NUMBER** |
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*Submission guidelines are on the back*

**\*Please note, site name will not suffice for site location. A physical address or GPS coordinates must be included in the column.**

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| **Specimen Collection Data** | **DOH LAB USE ONLY** |
| **Collection Date** | **Submitter Sample ID** | **Species** | **Site Location\*****(GPS Coordinates or****Address of Collection)** | **# Per Pool****(50 max)** | **Trap Type** | **LAB NUMBER** |
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