

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
 - a. 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.
 - b. Listed below are mosquito species known to transmit arboviruses to humans in Florida.

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

3. Mosquito pools can be stored in 1.5 ml microcentrifuge tubes. Tubes must be labeled with the following information:
 - a. Submitter ID
 - b. Species
 - c. Collection Date
4. Mosquitoes must be shipped cold, overnight, within 72 hours of collection.
 - a. If samples are shipped within 24 hours of collection, they can be shipped with ice packs.
 - b. If samples are shipped between 24-72 hours of collection, they can be stored at -80°C 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

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Arbovirus Surveillance:



Mosquito Pool Molecular Analysis Request Form

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

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

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
1.						
2.						
3.						
4.						
5.						

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.

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
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						