



West Nile Positive Mosquito 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: _____

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 mail your completed forms to the following location:

**Preventive Health and Safety
West Nile Surveillance Epidemiologist
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002**

Fax: 307-777-5573