

Arthropod Identification Request Form

Submitter Information		
Name		
Address		
City	State	ZIP
Phone	Alternate phone	
Email		
Submitter Information		
Date Collected		
County collected		
Collection location		
Host species		
Where found on host		

Submitter Information

Please submit specimens as fresh as possible. Specimens should be suspended in ethanol (70% or higher) or isopropyl alcohol in glass or plastic vials with a leak-proof closure.

Mail to:

Indiana Department of Health Entomology Laboratory 550 West 16th St, Ste B Indianapolis, IN 46202