<u>Arthropod Specimen Identification</u>
SEND TO> SPECIMEN IDENTIFICATION, Illinois Dept. of Public Health, Div. of Environmental Health, 525 W. Jefferson St., Springfield, IL 62761

SORMITTED BY		DATE
PERSON TO RECEIVE I	DENTIFICATION INFORMATION	ON (if different from above):
NAME		PHONE
ORGANIZATION		
ADDRESS (information will	be sent here)	
		ZIP CODE
COLLECTION INFORMAT	ION COLLECTED FROM: CITY_	CO
CIRCUMSTANCES(e.g.,		edding, on person, in stool sample, etc.)
	ON: (Do not use patient names) igned by submitting organization)	
Clinic/Hospital		Department
Address		Zip Code
Attending Physician	OR Contac	ct Person
 2 Certain specimens (3 Mail specimens in c 4 Specimens will be id 5 Most specimens are If you do not receive 217-782-5830 or e-i 	rush-proof containers (plastic vials dentified, but not tested for the pre-	e in 70% ethanol or isopropyl alcohol. f, med/specimen bottles, boxes, etc.). sence of pathogens or disease. iled the same day they are received. contact Curt Colwell, PhD at GOV
DETERMINATION : (for IDF	PH use)	
IDPH specimen #	Date Identified	Identified by