



County of San Mateo
 Department of Health
 Public Health Laboratory
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 Shantelle Lucas Ph.D., Laboratory Director

Date Received _____
 LAB USE ONLY

ARTHROPOD/INSECT TEST REQUEST FORM

SUBMITTED BY: _____ **DATE COLLECTED:** ___/___/___

PERSON BITTEN: _____ **AGE :** _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PHONE #: _____ **FAX #:** _____

GEOGRAPHICAL LOCATION WHERE TICK WAS ACQUIRED (AREA, COUNTY, STATE, ETC.)

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SEND REPORT TO (FULL ADDRESS):

BILL TO (NAME OF ORGANIZATION)

Payment Received By: _____ **Date:** _____

CASH _____ **CHECK #** _____