



Triatomine Bug Submission Form

Submitter	
Name: _____	
Address: _____	
City: _____	
Zip: _____ County: _____	
Phone: _____	
Email: _____	
Geographic location where collected (Physical address or GPS coordinates if known)	Collected from (circle)
_____	House (inside or outside?) Yard
_____	Dog house Outbuildings
_____	Rodent nest Light trap
_____	Rural area
Lat _____	Other (specify): _____
Lon _____	Date of collection: _____
	Time of day bug was collected: _____
Describe circumstances that led to submission of specimen	
What was the bug doing when collected? _____	
Was the bug involved in a human or animal exposure? (if yes, state type)	

Are there Chagas positive dogs on premises? Yes No Unknown (circle)	
Mail to	
Rodion Gorchakov Baylor College of Medicine – Tropical Medicine 1102 Bates St., Ste. 550 Houston, TX 77030	
Questions? Please contact Rodion Gorchakov: 832-824-4656 rodion@bcm.edu	