

**ADULT MOSQUITO IDENTIFICATION**

For use of this form, see TB MED 561; the proponent agency is the OTSG

|                       |                      |                    |
|-----------------------|----------------------|--------------------|
| 1. INSTALLATION       | 2. COLLECTION NUMBER | 3. COLLECTION DATE |
| 4. COLLECTION METHOD  | 5. LOCATION          | 6. COLLECTOR       |
| 7. REMARKS            |                      |                    |
| 8. SPECIES IDENTIFIED | 9. NUMBER            |                    |
|                       | a. MALE              | b. FEMALE          |
|                       |                      |                    |
|                       |                      |                    |
|                       |                      |                    |
|                       |                      |                    |
|                       |                      |                    |
| 10. IDENTIFIED BY     | 11. DATE             |                    |