

SURVEILLANCE ORDER FORM 2006

Agency name: _____ Agency code: ____ _

Ordered by: _____

Please type or print your name

MOSQUITO POOLS

Number of mosquito pools to be tested*: _____ (@ **\$20.00** ea.) \$ _____

*Pools will be tested at UC Davis for WNV, WEE & SLE.

CHICKEN BLOOD SAMPLES

Number of samples to be tested*: _____ (@ **\$8.85** ea.) \$ _____

*Samples will be tested at VRDL for antibodies to flaviviruses (WNV/SLE) & WEE.

Total \$ _____

When all the orders are received, the laboratories ensure that adequate staff, supplies and equipment are available to process the samples.

Please note that each site from which pools or blood samples are collected must be registered.

The site number for a given site should remain the same, year after year. If a new site is established, it must be registered online or faxed the forms to (530) 752-1537 at UC Davis for inclusion into the database.

DO NOT USE AN OLD SITE NUMBER FOR A NEW SITE.

PLEASE ORDER BY FEBRUARY 17, 2006

FAX TO:

Mosquito and Vector Control Association of California
660 J Street, Suite 480
Sacramento, CA 95814
(916) 442-4182