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# INSECT AND ARTHROPOD SUBMISSION FORM

D H E C
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

**Date Received** _____

**BOL Specimen Number** _____

**CLIA #42D0658606**

## ❖ Location of Insect / Arthropod Collection Site

**State** ____ **County** _____ **Town** _____ **ZIP** _____

**Specific Location** _____

**Coordinates (if known): W -** _____ (X; Longitude), **N** _____ (Y; Latitude)

## ❖ Habitat Information (describe habitat of the insect / arthropod collection site) and Date Collected

**Habitat Description** _____ **Date Collected** _____

**History or Background Information (information to help with the identification)**

_____

## ❖ Patient Information - *Social Security # or Date of Birth is Required*

**Last Name** _____ **First Name** _____ **Middle Initial** ____

**Home Phone** _____ **Work Phone** _____ **Mobile Phone** _____

**FAX** _____ **E-Mail** _____

**Sex** _____ **Local ID #** _____ **SSN:** _____ **Date of Birth** _____

**Race** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other ☐ Unknown

**Ethnicity** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

**Street Address** _____

**City, State, ZIP** _____

## ❖ Name of Agency and Person Submitting This Form

**Sender No.** _____ **Agency** _____

**Contact Name** (for results) _____ **Phone** _____ **FAX** _____

**Ordering Physician** _____ **Phone** _____ **FAX** _____

**Street Address** _____

**City, State, ZIP** _____

**E-Mail** _____

**- LAB USE ONLY -**

**Identification** _____ **Date** _____

**Common Name** _____ **Determiner** _____

**Remarks** _____

DHEC 0929 (5/2011)

SOUTH CAROLINADEPT OF HEALTH AND ENVIRONMENTAL CONTROL ¤ BUREAU OF LABORATORIES ¤ MEDICAL ENTOMOLOGY ¤
8231 PARKLANE RD¤COLUMBIA, SC29223¤ TEL 803-896-3802 ¤ FAX 803-896-0657

## Instructions for Completing the Insect and Arthropod Submission Form

**Form Title:** Insect and Arthropod Submission Form
**Purpose:** The purpose of this form is to collect information necessary for identifying medically-important insects, other arthropods, or possibly parasites and for reporting the identification results to the patient or client.
**Who Will Complete This Form:** Health Clinics or individuals submitting medically important insects or arthropods for identification
**Office Mechanics and Filing:** The completed form is filed in the Medical Entomology Laboratory at the South Carolina Department of Health & Environmental Control, Bureau of Laboratories, 8231 Parklane Rd, Columbia, SC, 29223. The completed form and results are kept for a minimum of 1 year.

**Location of Insect / Arthropod Collection Site**

1. ***State*** – Enter the state in which the insect or arthropod was collected.
2. ***County*** – Enter the county in which the insect or arthropod was collected.
3. ***Town*** – Enter the city or town in which the insect or arthropod was collected.
4. ***ZIP*** – Enter the 4-digit ZIP Code in which the insect or arthropod was collected.
5. ***Specific Location*** – Enter the street address where the insect or arthropod was collected. If a street address is not known, provide driving directions to the site with distances from nearby road intersections.
6. ***Coordinates*** – If known, enter the coordinates (longitude and latitude) in decimal degree format in which the insect or arthropod was collected. In South Carolina, longitude (X) values range from -78.50 to -83.37 and latitude (Y) values range from 32.00 to 35.30.

**Habitat Information (describe habitat of the insect / arthropod collection site) and Date Collected**

1. ***Habitat Description*** – Describe where the insect was found:
   a. ***Structural*** – Example of structural places include: bathroom, bedroom, kitchen, pantry, family/living room, garage, patio, screened area, wood, fabric/textile, paper, cardboard, and food (specify).
   b. ***Human/Animal*** – Examples of human/animal places include: humans, livestock, poultry, pets, human-housing facility, and animal-housing facility.
2. ***Date Collected*** – Enter the date on which the insect or arthropod was found.
3. ***History or Background Information*** – Provide any history or background information that you think may help in the identification, such as how many specimens were found (one, several, hundreds), how many humans/animals are infested, the type of medical damage (annoyance, biting, stinging, allergic reactions, wounds, disease, invasion of skin or other organ tissues, etc.), agents/organisms suspected, and travel history.

**Patient Information - Social Security # or Date of Birth is Required**

1. ***Last Name*** – Enter the last name of the patient.
2. ***First Name*** – Enter the first name of the patient.
3. ***Middle Initial*** – Enter the first letter of the middle name of the patient.
4. ***Home Phone*** – Enter the home phone number of the patient.
5. ***Work Phone*** – Enter the work phone number of the patient.
6. ***Mobile Phone*** – Enter the mobile phone number of the patient.
7. ***FAX*** – Enter the FAX number of the patient.
8. ***E-Mail*** – Enter the E-Mail address of the patient.
9. ***Sex*** – Enter the gender (male, female, transgender, or unknown) of the patient.
10. ***Local ID #*** – Enter the local identification number of the patient that was assigned by the clinic or lab.
11. ***SSN*** – Enter the social security number of the patient.
    a. If no social security number is entered, SC DHEC will assign a unique identification number consisting of a two-digit county number, followed by a dash, then an 8-digit date of birth (DDMMYYYY), then a dash, and then the patient's initials (first letters) of their first and last names.
12. ***Date of Birth*** – Enter the date of birth of the patient (DD-MM-YYYY).
13. ***Race*** – Enter the race of the patient. Race refers to a human population considered distinct based on real or imagined physical characteristics, such as skin color or facial characteristics.
    a. ***American Indian or Alaska Native*** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a community attachment or tribal affiliation)
    b. ***Asian*** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)



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c. ***Black or African American*** (A person having origins in any of the black racial groups of Africa)
d. ***Native Hawaiian or Other Pacific Islander*** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
e. ***White*** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
f. ***Other*** (A person not fitting any of the descriptions above)
g. ***Unknown*** (A person whose race is not known)

14. ***Ethnicity*** – Enter the ethnicity of the patient. Ethnicity is a term that represents social groups with a shared history, sense of identity, geography and cultural roots, which may occur despite racial differences.
    a. ***Hispanic/Latino*** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)
    b. ***Not Hispanic/Latino*** (A person not of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race)
    c. ***Unknown*** (A person whose ethnicity is not known)
15. ***Street Address*** – Enter the house/apartment/suite number, street name, and street type of the mailing address of the patient (For example, 123 Maple Dr).
16. ***City, State, ZIP*** – Enter the city, state, and 4-digit ZIP Code of the patient's mailing address.

**Name of Agency and Person Submitting This Form**

1. ***Sender No.*** – Enter the SC DHEC-assigned Sender Number of the agency/clinic that is submitting the form. If you are a private physician, group practice, hospital, private laboratory, or county health department and you do not have an assigned Sender Number, contact the SC DHEC Bureau of Laboratories at 803-896-0800 for assignment.
2. ***Agency*** – Enter the name of the agency or clinic that is submitting the specimen for identification.
3. ***Contact Name*** – Enter the name of the person who wishes to be contacted with the result of the identification.
4. ***Contact Phone*** – Enter the phone number of the contact person.
5. ***Contact FAX*** – Enter the FAX number of the contact person.
6. ***Ordering Physician*** – Enter the name of the physician who is ordering the identification.
7. ***Ordering Physician Phone*** – Enter the phone number of the physician.
8. ***Ordering Physician FAX*** – Enter the FAX number of the physician.
9. ***Street Address*** – Enter the number, street name, and street type of the mailing address of the contact person (For example, 123 Medical Dr Ste 123).
10. ***City, State, ZIP*** – Enter the city, state, and 4-digit ZIP Code of the contact person's mailing address.
11. ***E-Mail*** – Enter the E-Mail address of the contact person.

## How to Submit Medically Important Insects or Other Arthropods to SC DHEC for Identification

**Identification Services Offered**

Only medically important insects or arthropods can be submitted for identification. Medically important insects or arthropods include those that cause some kind of disease condition in humans, whether causing direct medical harm or transmitting diseases.

Insects or arthropods can be identified, but SC DHEC does not test them for diseases. However, we can inform you of the disease risks caused by a certain species. We will identify the specimen or notify the sender about its status within 14 days. If necessary, the specimen or a photograph of the specimen will be forwarded to a specialist. Depending upon the specimen and where it will need to be routed, additional time for identification by the specialist may be required.

**Information Needed**

Information about the insect's location and an explanation of its medical damage speeds up the identification of specimens. If information about that specimen is lacking, the entomologist can do little to judge the potential for damage or recommend an appropriate control method.



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**Provide the following information on the Insect Identification Form:**

- Name, address and phone number of client. FAX numbers and E-mail addresses are helpful for communicating results to clients.
- For hospital or other medical facilities, provide your SC DHEC Sender Number, and you will be able to view the identification results at https://resultpoint.dhec.sc.gov.
- Where the insect/arthropod was found
- How many specimens were found (one, several, hundreds)
- Date collected
- How many humans are infested and the type of medical damage
- Travel history
- Other information that you think may help in the identification

**Packaging Insects or Other Arthropods for Shipment**

Submit only dead insects for identification. Send as many insect specimens as possible. Pack the insects so that they arrive unbroken. The condition of the specimens affects the accuracy and speed of identification. Specimens often can not be identified when they arrive crushed, broken, moldy, or have missing body parts.

Insects differ greatly in body form and require two different preservation techniques:

**Sending Soft-Bodied Insects (Caterpillars, Grubs, Maggots, etc.)**
***Examples: Mites, bed bugs, caterpillars, fleas, ants, ticks, spiders, aquatic insects, and grubs, or tiny insects.***

Soft-bodied insects are best submitted in 70% alcohol (ethanol). Rubbing alcohol (isopropyl alcohol) is suitable. Place the specimen in alcohol in a leak-proof container. Do not send specimens in water, formaldehyde, or without fluid. Small insects can be collected by using a cotton swab (Q-tip®), cotton ball, or a camel's hair brush dipped in alcohol.

Whenever possible, a living soft-bodied insect should be placed in hot, boiled water before placing it in alcohol. Do not place the specimen in water while it is still boiling. Instead, place the specimen in hot water after it has been boiled. Leave the specimen in the hot water for a few minutes. Placing the specimen in hot water that has been boiled helps prevent the specimen from shriveling and its color from darkening after it is placed in alcohol. However, this only works if the soft-bodied insect is alive when dropped into hot water.

**Sending Hard-bodied insects**
***Examples: Beetles, flies, grasshoppers, cockroaches, wasps, moths, and butterflies.***

Kill hard-bodied insects them by freezing them or by exposing them to fingernail polish (acetone) fumes. Submit them dry in a crush-proof container. Place dead specimens between layers of tissue or cotton in a small pill box or other small container. Identify the box with the client's name, if possible.

To avoid damaging the specimen and prevent it from being identified,

1. Do not apply tape (clear tape or any other kind of tape) to the specimen. Peeling insects off of sticky tape can damage the insect.
2. Do not place a specimen between two layers of tape because the microscope can not focus through the tape to allow identification.
3. Do not crush the insect.
4. Do not place specimens loose in an envelope because they will be crushed.

**Submitting samples:**

1. Fill out the form with as much information as possible. Write in pencil or permanent ink that will resist smearing in case the form gets wet.
2. Place the information sheet inside of a zippered plastic bag to protect the paperwork from water damage.
3. Mail the specimen(s) to:
   SC DHEC Bureau of Laboratories
   Medical Entomology
   8231 Parklane Rd
   Columbia SC 29223
4. For inquiries about specimens, call (803) 896-3802.



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