Request for Mosquito Surveillance Equipment
Zoonotic Disease Program / Bureau of Infectious Diseases / Ohio Department of Health

There is no charge for these materials. However, by accepting the requested supplies, your agency agrees to participate in Ohio’s statewide mosquito surveillance program by reporting mosquito trap location information and by submitting collected mosquitoes for identification and testing.

Any questions can be emailed to Leanne.Garrett@odh.ohio.gov or call (614) 466-7215.

Indicate the quantity of each item requested (subject to availability):

2883.11 + 2882.11  ______  BG Sentinel 2 Trap (lures included)
BG-Lure.11 + 2882.11(x2)  ______  Replacement lures for Sentinel Trap
(TBD)  ______  Replacement funnel/shutter assembly for Sentinel Trap
2880C.11  ______  Additional catch bag (drawstring net) for Sentinel Trap
2800.11 + 2800A.11  ______  Toolbox style Gravid Trap (two collection chambers included)
2800A.11  ______  Additional collection chamber for toolbox style Gravid Trap
1712.11 + 1.45.11  ______  Upright style Gravid Trap (two collection nets included)
1.45.11  ______  Additional collection net for upright style Gravid Trap or Light Trap
2836BQX.11  ______  Light Trap with dry ice cooler (one collection net/cup included)
1.5.11  ______  Battery holder for D-cell batteries (alternative to using a 6-volt battery)
2900.11 + 2901.11  ______  Mechanical aspirator with collection bottle
1132BQ.11  ______  Larvae dipper cup with 3-foot wooden handle

Shipping address (please print clearly):
Agency Name: __________________________________________  Agency Number: _________
Street Address: __________________________________________
City, State: __________________________________________  Zip Code: __________
Contact Name: __________________________________________  Phone: _____________________
Email Address: __________________________________________  Date: ___________________

Email this form to: Zoonoses@odh.ohio.gov
-or- Fax this form to: (614) 564-2437

Revised: 1/4/18