Kissing Bug Submission Form

1. How many bugs are you sending? _________ (number)

2. In which city, state, and county did you find the bug(s)?
________________________________________________________

3. Where did you find the bug(s)? Please be as specific as possible.
________________________________________________________

4. Please provide either an email address or phone number if you would like to be contacted about the PCR results. ________________________________

5. Do you have pets? If yes, please list which kind(s).
________________________________________________________