

NATIONAL MOSQUITO TRAP COLLECTION SHEET

Organisation: _____	Collector: _____
Date of collection: _____	Time sample taken: _____
Trap number: _____	Sample number: _____
Location: _____	GPS E: _____ GPS N: _____
Port surveillance? Yes <input type="radio"/> No <input type="radio"/>	
Reason for sampling: Routine <input type="radio"/> Response <input type="radio"/> Other: _____	
Frequency of sampling: Daily <input type="radio"/> Weekly <input type="radio"/> Other: _____	
Trap: Positive <input type="radio"/> Negative <input type="radio"/>	
Trap Type: Ovitrap <input type="radio"/> Adult Trap <input type="radio"/>	

Ovitrap Type: Jar <input type="radio"/> Tyre <input type="radio"/> Other: _____	Trap nights (adults): _____
# Larvae per trap: _____	Attractants: CO ₂ <input type="radio"/> Octenol <input type="radio"/> Light <input type="radio"/> Other <input type="radio"/>
Temp (°C): _____	

Additional Information

Results- to be completed by taxonomist

Species	Larvae-Instar				Pupae		Adults	
	1	2	3	4	Female	Male	Female	Male
<i>Cx. pervigilans</i>								
<i>Cx. quinquefasciatus</i>								
<i>Oc. notoscriptus</i>								
<i>Oc. antipodeus</i>								
<i>Oc. camptorhynchus</i>								
<i>Coquillettidia spp.</i>								
Other Native: _____ Other Exotic: _____								
Additional comments: _____								
Identified by (print): _____					Date identified: _____			
					Date results sent: _____			