MOSQUITO EGG IDENTIFICATION For use of this form, see TB MED 561; the proponent agency is the OTSG 1. INSTALLATION 2. COLLECTOR 3. DATE PLACED 4. COLLECTION DATE 5. REMARKS 8. STRIP CONDITION 9. NO LARVAE 6. SITE NO. 7. NO. EGGS 10. SPECIES IDENTIFIED 11. IDENTIFIED BY 12. DATE

APD LC v1.00

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