



1240 N. Highland Ave., Suite 5, Aurora, IL 60506
Phone (630) 444-3040 Fax (630) 897-8123

115 S. Grove Ave., Suite 209, Elgin, IL 60120
Phone (847) 608-2850 Fax (847) 888-6458

Arthropod Specimen Identification Submission Form

Contact Information

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____
E-mail _____

Collection Information

Location (e.g. home, park) _____ City _____
Circumstances _____
(e.g., found in garden, in stored food, in pet bedding, on person, in stool, etc.)

Additional Information ONLY if Medical Attention was received

Clinic/Hospital _____ Department _____
Attending Physician _____ or Contact Person _____

Signature _____ Date _____

Drop off or Mail Specimens To:

Kane County Health Department
Environmental Health Section - Specimen Identification
1240 N. Highland Ave., Suite 5
Aurora, IL 60506

Office hours Monday – Friday 8:30 – 4:30

Please Note:

1. Submit specimens in ***crush-resistant leak-proof containers*** immersed in 70% isopropyl rubbing alcohol. **Do not tape or glue specimens.**
2. Specimens will be identified, but not tested for the presence of pathogens such as Lyme disease. If the specimen cannot be identified by KCHD the specimen will be forwarded to Illinois Dept. of Public Health for further identification.
3. If you do not receive specimen results information within 10 days, please contact:
Kane County Environmental Health Section - Greg Maurice at 630-444-3040.

FOR KCHD USE ONLY:

Determination _____
Specimen # _____
Date _____
By _____

Specimen Discharge Status:

Date Discarded _____
Date Returned to Submitter _____
Referred to IDPH for Identification _____
Date Sent to IDPH _____
IDPH Determination _____