

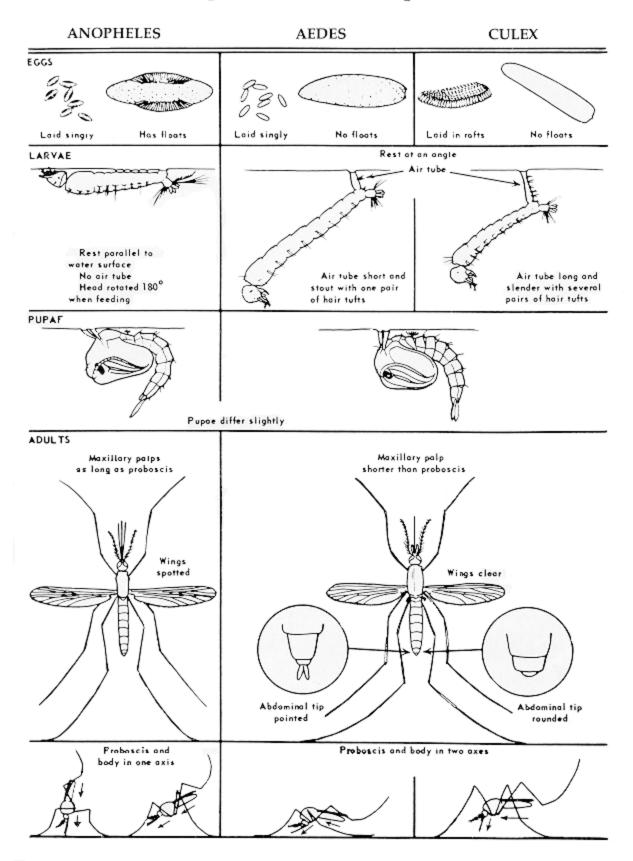
Invasive Mosquito Project

Collection Record Form



School Name:	Teacher's Name:			
School's Street Address:	Teacher's Email:			
School District Number:	Date Cup was Placed (YYYY/MM/DD):			
City/State/Zip Code:	Date Cup was Retrieved (YYYY/MM/DD):			
	Collector Name(s):			
County:				
How mosquito eggs, larvae, or pupae were	<u>Eggs</u>		Larvae/Pupae	
collected (circle one or many)			Open Water	Contained Water
			\bigcirc	
	Oviposition cu	р	Dipper cup	Turkey baster
Location of cup (circle one)	Shade	Sun		
What mosquito stage was collected? (circle one or many)	Eggs	Larvae	Pupae	Adults
How many?	Eggs=	Larvae=	Pupae=	Adults=
What species of mosquito?				
Are you sending the mosquito(s) to be identified (circle one)? If yes, who is doing the identification?	Yes	No		
Number of individuals of each mosquito species collected				
Biotic Factors	Presence of Plants Within 5-Foot Radius of Cup (circle one or many):			
Abiotic Factors	TreesBushesGrassFlowersTemperature (°F) of Day Cup was Retrieved:Weather Conditions of Day Cup was Retrieved:			
	Temperature (°F) Day Before Cup was Retrieved: Weather Conditions Day Before Cup was Retrieved:			

Principal Characters for Identifying Mosquitoes of General Importance



New Jersey Agriculture Experiment Station Publication SA220-5M-86
Mosquitoes in Your Life
Device Accessing Second Manual Manual Accessing Research Research

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