

HUMAN LANDING CATCHES COLLECTION FORM Page # ____	Place Barcode Here
---	---------------------------

Indoor Collections							Outdoor collections						
Time of collection	In/ Out	Pos	Morphologic species	Abdominal status	Dissected?	Parity	Time of collection	In/ Out	Pos	Morphologic species	Abdominal status	Dissected?	Parity
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	
	In		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes			Out		<input type="checkbox"/> 1 gambiae <input type="checkbox"/> 3 Other <input type="checkbox"/> 2 funestus	<input type="checkbox"/> 1 Fed <input type="checkbox"/> 3 Gravid <input type="checkbox"/> 2 Unfed <input type="checkbox"/> 4 Unable	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	