

COUNTRY:

Collectors:

Collection No.	Longitude/Latitude	Date
State/Province	Locality	
<p>TERRAIN</p> <p><input type="checkbox"/> Mountain</p> <p><input type="checkbox"/> Hill</p> <p><input type="checkbox"/> Valley</p> <p><input type="checkbox"/> Plateau</p> <p><input type="checkbox"/> Plain</p> <p>ENVIRONMENT</p> <p><input type="checkbox"/> Rain Forest</p> <p><input type="checkbox"/> Evergreen Forest</p> <p><input type="checkbox"/> Deciduous Forest</p> <p><input type="checkbox"/> Coniferous Forest</p> <p><input type="checkbox"/> Swamp-Forest</p> <p><input type="checkbox"/> Swamp-open</p> <p><input type="checkbox"/> Beach</p> <p><input type="checkbox"/> Mangrove</p> <p><input type="checkbox"/> Orchard-Plantation</p> <p><input type="checkbox"/> Rice Paddy</p> <p><input type="checkbox"/> Bamboo grove</p> <p><input type="checkbox"/> Village</p> <p><input type="checkbox"/> Urban</p> <p><input type="checkbox"/> _____</p> <p>ENVIRON. MODIFIERS</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> Secondary</p> <p><input type="checkbox"/> Palm</p> <p><input type="checkbox"/> Orchard</p> <p><input type="checkbox"/> Plantation</p> <p><input type="checkbox"/> _____</p> <p>COLLECTION METHOD</p> <p><input type="checkbox"/> Biting/Landing</p> <p><input type="checkbox"/> Larval</p> <p><input type="checkbox"/> Light trap</p> <p><input type="checkbox"/> _____</p> <p>ELEVATION</p> <p>_____</p>	<p>LARVAL HABITAT</p> <p><input type="checkbox"/> Pond-Lake</p> <p><input type="checkbox"/> ground pool</p> <p><input type="checkbox"/> flood pool</p> <p><input type="checkbox"/> marsh</p> <p><input type="checkbox"/> stream margin</p> <p><input type="checkbox"/> stream pool</p> <p><input type="checkbox"/> rock pool</p> <p><input type="checkbox"/> seepage-spring</p> <p><input type="checkbox"/> swamp</p> <p><input type="checkbox"/> ditch</p> <p><input type="checkbox"/> pit</p> <p><input type="checkbox"/> well/cistern</p> <p><input type="checkbox"/> tree hole</p> <p><input type="checkbox"/> bamboo _____</p> <p><input type="checkbox"/> Heliconia axil</p> <p><input type="checkbox"/> Bromeliad axil</p> <p><input type="checkbox"/> fallen leaf</p> <p><input type="checkbox"/> crab hole</p> <p><input type="checkbox"/> _____</p> <p>DIMENSIONS OF SITE</p> <p>_____</p> <p>_____</p>	<p>WATER</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> semi-permanent</p> <p><input type="checkbox"/> temporary</p> <p>Ph _____</p> <p>Conductivity _____</p> <p>Temperature _____</p> <p>WATER MOVEMENT</p> <p><input type="checkbox"/> Standing</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Moderate flow</p> <p><input type="checkbox"/> Fast</p> <p>TURBIDITY</p> <p><input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Turbid</p> <p><input type="checkbox"/> Polluted</p> <p><input type="checkbox"/> Colored _____</p> <p>SHADE</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Heavy</p> <p>AQUATIC VEGETATION</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Emergent _____</p> <p><input type="checkbox"/> Floating _____</p> <p><input type="checkbox"/> Submerged _____</p> <p><input type="checkbox"/> Algae _____</p>

