



Harvard School of Public Health

Laboratory of Public Health Entomology

HEAD LOUSE EVALUATION REQUEST

Because head lice and their eggs are often misidentified, it is important to ensure that the infestation is active before you spend time, money and effort to treat the condition. We will be pleased to examine your specimens and reply with our observations. Learning the identity of the specimens may prepare you to better manage the problem. By completing and submitting this form, you consent for us to use the specimens and information in our research and teaching program. Although your only foreseeable risk would be a loss of confidentiality, please be aware that we shall not share your name or identifying information with anyone outside of our laboratory. All records will be securely maintained until they are destroyed.

Sample a few lice or hairs bearing louse eggs (select hairs with eggs closest to the scalp) and affix these under clear tape on the form below. Send the completed form to the address listed at the bottom of this page. A donation of \$20 (payable to "The President and Fellows of Harvard College") is not required, but will assist with our research activities.

**** PLEASE PRINT LEGIBLY ! ****

Name of person with suspected infestation: _____

Date specimens were sampled: _____

Address: _____

Age: _____ Sex: (circle choice) Male Female

Who is submitting this form? Self Parent/guardian Nurse Physician Other _____

Who diagnosed the infestation? Self Parent/guardian Nurse Physician Other _____

How long has this person been infested? less than 1 month 1-6 months more than 6 months

Does your school have a 'no nits' policy? Yes No Not applicable

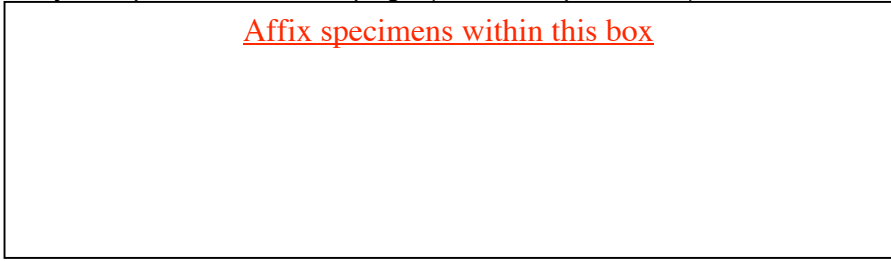
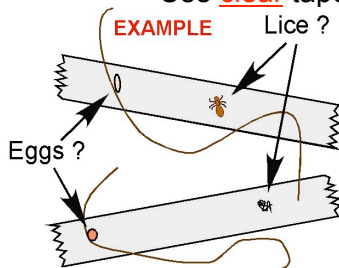
How many days has this child been absent BECAUSE of this infestation? _____


Estimate the cost to treat THIS infestation (total of product cost, child care arrangements, doctor visits, lost work time) \$ _____

List which anti-lice treatments have been used on this person within the past 4 weeks? _____

YOUR EMAIL ADDRESS (print legibly!): _____

Use clear tape to affix your specimens to this page (see example below).



Send form and donation to:  Include email address (above) for reply (preferred) or a self-addressed stamped envelope

Richard Pollack, Ph.D.
Laboratory of Public Health Entomology
Harvard School of Public Health
665 Huntington Ave.
Boston, MA 02115

For more information on lice visit: <http://www.hsph.harvard.edu/headlice.html>

Participation in this research is voluntary and you are free to refuse to participate or withdraw at any time. Refusing to participate or withdrawing will not involve a penalty or loss of any benefits to which you are otherwise entitled. For questions regarding your rights as a research subject, contact the Harvard School of Public Health Human Subjects Committee at 1-866-606-0573. For questions about the research, contact Dr. Richard Pollack at rpollack@hsph.harvard.edu

Harvard Human Subjects Committee: Approval Date: Jan 13, 2009; Expiration Date: Jan 12, 2010