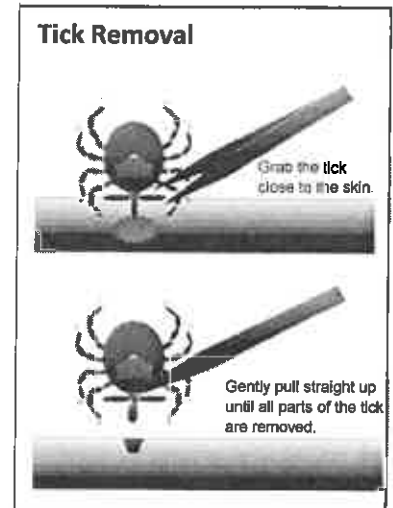


Tick Identification Service for Local Health Dept. /Veterinarians

Proper tick identification is essential in determining the potential risk of infection associated with a tick-borne disease. Please make copies of the form below as necessary.

Advise submitter to:

1. Be careful when removing ticks.
2. NEVER attempt to "burn off" a tick with a match.
3. After removal, wash the bite site with soap and water and apply an antiseptic.



Instructions for submitting ticks:

1. Place specimen with a few drops of alcohol in a tightly closed leak-proof container
2. Package the tick so that it will not be crushed in the mail – padded envelopes work well.
3. Complete this form and submit it with the tick to the address below. Results will be mailed to local health department or veterinarian only. Make a copy of the completed form so you are able to contact submitter with identification results.



Tick # _____	Date Received: _____
Lab Use Only: I.D. _____	♂ ♀ N L %

Please provide the following information:

Date collected: _____

Ohio County where tick was acquired: _____

Was tick found outside of Ohio? YES NO If yes, where? _____

Was the tick attached? YES NO

Tick was found on: Human Dog Cat Other: _____

Submitter Information for Local Health Department/Vet clinic:

Submitter Name: _____

Address: _____

City/State/ZIP: _____

Age: _____ Sex: _____ Phone: _____

Please keep a copy of the completed form for your records

Results will be mailed to :
LHD/vet clinic: _____
Contact name: _____
Address: _____
City/State/Zip: _____
Phone: (____) _____
E-mail: _____

LHD/ Veterinarian, Mail Tick To:

Tick Identification Zoonotic Disease Program

35 E. Chestnut Street
Columbus, Ohio 43215

For information about tick-related diseases, contact us or see the CDC Web site at <http://www.cdc.gov> (type tick into the search bar).