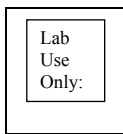


VBDP No. _____

Live Tick Testing and Identification



Date Received: _____

Identification: _____

Results: _____ ♂ ♀ N L %

Please provide the following information:

Date collected: _____

County where tick was acquired: _____

Was the tick attached? YES NO

Tick was found on: (please circle) Human Animal Other surface

If found on animal or other surface, please specify: _____

Collector/Patient: _____

Address: _____

City/State/Zip: _____

Age: _____ Sex: _____ Phone: _____

Mail results to: (if different from above)

Instructions for submitting ticks:

1. Keep ticks alive! Dead ticks will be *identified*, but **cannot** be tested.
2. Moisten paper strip with **one** drop of water, place tick and paper strip in vial and close tightly.
3. Complete this form and send it with your tick to VBDP in the tube provided.

Mail tick to:

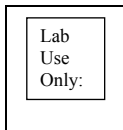
Vector-borne Disease Program (VBDP)
900 Freeway Drive North
Columbus, Ohio 43229
(614) 752-1029

Important! Tick test results do not indicate presence or absence of human disease. If you think you have contracted a tick-borne disease, seek medical attention—do not depend on, or wait for, tick test results. For information about tick-related diseases, contact us or your local health department, or see the CDC website at www.cdc.gov (type tick into the search bar).



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