



Michigan Department of Health and Human Services  
Bureau of Epidemiology and Population Health  
Emerging & Zoonotic Infectious Diseases Section  
PO Box 30195  
333 S. Grand Ave., 3<sup>rd</sup> Floor  
Lansing, MI 48909-7695

### TICK IDENTIFICATION AND TESTING FORM

1. If the tick is removed from a person, is received alive, and is a blacklegged tick, it will be tested by the MDHHS-Laboratory for Lyme disease at no cost. Ticks that are not blacklegged ticks, or that are received dead will not be tested. The MDHHS cannot guarantee that ticks sent live through the mail will survive.
2. Place the tick in a vial or small pill bottle and add a few blades of grass or small (1-inch square) piece of paper towel moistened with one drop of water. Be sure the cover is firmly secured on the container, air holes are not needed in the container.
3. Print or type information requested below and return this form with the tick in a container to the above address. On the outside of the shipping container write "FRAGILE" or "HANDLE WITH CARE" to help prevent damage to the tick when shipped.

\* All fields are **required** in order for tick specimen to be processed.

#### Submitter Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Tick Information:

Date tick was collected: \_\_\_\_\_

Please indicate (check) if tick was found on:

Person     Animal     Other

If animal or other please describe: \_\_\_\_\_

\_\_\_\_\_

#### Send RESULTS to (check ONE only):

Mail (Address above)

Email: \_\_\_\_\_

Alternative address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If tick was found on a person or an animal, was the tick attached?  Yes     No

Location where tick exposure probably occurred:

Home/yard     School     Park/recreation area

Other: \_\_\_\_\_

Specific location: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Do not write below this line:

MDHHS SAMPLE # \_\_\_\_\_