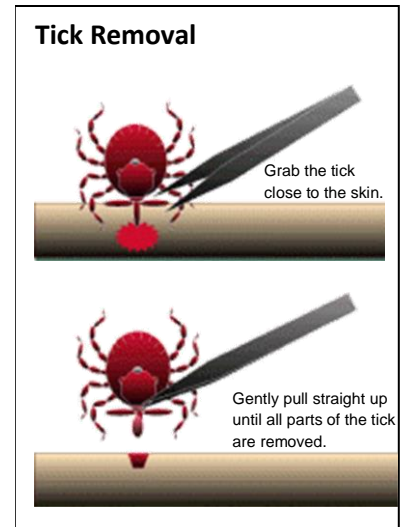


Tick Identification Service for Local Health Departments

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 the form below and submit it with the tick to the address on the form. A report will be e-mailed to local health department contact. It will be up to you to follow up with the submitter.



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 LHD/Vet clinic:

Submitter Name: _____

Address: _____

City/State/ZIP: _____

Age: ____ Sex: ____ Phone/Fax: _____

Please keep a copy of the completed form for your records

Results will be mailed to :

LHD: _____

Contact name: _____

Address: _____

City/State/Zip: _____

Fax: (____) _____

E-mail: _____

LHD, Mail Tick To:

**Zoonotic Disease Program
Bureau of Infectious Diseases
Ohio Department of Health
35 E. Chestnut Street
Columbus, OH 43215
(614) 752 - 1029**

For information about tick-related diseases, contact us or see the ODH Web site at <http://www.odh.ohio.gov/ticks>