

**ERIE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH
VECTOR CONTROL PROGRAM**
462 Grider Street Room BB-122
Buffalo, NY 14215
716-961-7524

Lab Use Only
SR#: _____
Date Closed: _____
Closed By: _____

Tick Identification Request Form

Collection Information:

In removing and submitting ticks for identification, use the following procedure:

- Carefully remove ticks by grasping them as close to the skin as possible using fine tweezers and pull gently but firmly until they let go.
- Do not squeeze ticks or handle them with your bare hands.
- Place the whole tick in a tightly sealed container labeled with the victims name and collection date.
- Package carefully in a crush-proof container and send to the above address.
- When sending multiple ticks, a separate form must accompany each specimen.

Specimen Sent By	Name:			
	Address:			
	City:	County:	State:	Zip:
	Phone:		Fax:	
Tick Information	Date tick found:	Was the tick attached when found? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If tick was found on a person	Name:			Phone:
	Address:			
	City:	County:	State:	Zip:
	Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB or Age:		
	Part of body on which it was found:			
If tick was found on an animal	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other (specify)		Name of Animal:	
	Owner of Animal:		Phone:	
	Address:			
30 day travel history of victim, with dates				
Lab Use Only				
Date rec'd:	Date of ID:	Processed by:		
Sample condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor				
Identification	Species		Common name	
	<input type="checkbox"/>	<i>Amblyomma americanum</i>	Lone Star Tick	
	<input type="checkbox"/>	<i>Dermacentor variabilis</i>	American Dog Tick	
	<input type="checkbox"/>	<i>Ixodes cookei</i>	Woodchuck Tick	
	<input type="checkbox"/>	<i>Ixodes scapularis</i>	Blacklegged (Deer)Tick	
	<input type="checkbox"/>	<i>Ixodes marxi</i>	Squirrel Tick	
<input type="checkbox"/>	<i>Rhipicephalus sanguineus</i>	Brown Dog Tick		
<input type="checkbox"/>	Other:			
<input type="checkbox"/> Larva <input type="checkbox"/> Nymph <input type="checkbox"/> Adult		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree of Engorgement: <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+ <input type="checkbox"/> 5+				
Comments				
Phone Report to:	Date & Time:			