

SUBMITTER	Name: _____	Mail to: Zoonosis Control Dept of State Health Services, Region 7 2408 S. 37th St. Temple, TX 76504
	Address: _____	
	City: _____	
	Zip: _____ Phone: () _____	
	Submitter number: _____	
		Fax: () _____
		Date of Collection: _____

INVESTIGATOR	Patient's Name: _____
	Address: _____ City: _____
	Zip: _____ Phone: () _____
	Was the tick submitted attached to patient? Yes No Don't know If attached, how long? _____ hours
	Comments: _____

SPECIMEN	Collection Method (circle)	Source (circle)
	Collected from individual Dry ice Drag cloth	Human
	Geographic location where tick collected (Physical address or GPS coordinates if known)	Vegetation
	_____	Other (specify): _____

Information below this point to be completed by testing agency.

IDENTIFICATION	Specimen Number: _____ Region: _____ Date Received: _____																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number submitted</th> <th style="width: 20%;">Genus</th> <th style="width: 20%;">Species</th> <th style="width: 15%;">Stage (F M N L)¹</th> <th style="width: 30%;">State (UNE PE E)²</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Number submitted	Genus	Species	Stage (F M N L) ¹	State (UNE PE E) ²																									
	Number submitted	Genus	Species	Stage (F M N L) ¹	State (UNE PE E) ²																										
1: F – Female; M – Male; N – Nymph; L – Larva 2: UNE – Unengorged; PE – Partially Engorged; E – Engorged																															

RESULTS	Test	Assay	Tech	Results	Remarks