

Submission Form for Tick Identification

This form is to be used for identification of tick species. Tick identification will be performed by the Minnesota Department of Health Vectorborne Diseases Unit. This service is only for surveillance purposes, NOT for diagnostic purposes.

Please provide the following information regarding your tick submission:

Name of submitter _____ Date of collection ____ / ____ / ____ Submitter email address _____

Name (or ID#) of person/animal tick(s) found on _____ Submitter phone number _____

Address of person/animal tick(s) found on _____ Home county of person/animal tick(s) found on _____

Species: Human _____ Age _____ Sex _____
 Animal (specify) _____

Has this person/animal traveled outside of his or her home county in the past two weeks (particularly to wooded, brushy, or grassy areas)? No Yes

If yes, please include dates and locations of travel:

Submission Instructions

1. Place tick in water-tight container (e.g., Ziploc baggie) with a paper towel or cotton ball for padding.
2. Fill out one specimen submission form for each person/animal that ticks were collected from and attach with specimen(s).
3. Copy, scan, or take a picture of this submission form for your records.
4. Place sealed specimen(s) and submission form in envelope and mail to:

Minnesota Department of Health
Vectorborne Diseases Unit
625 North Robert Street
P.O. Box 64975
Saint Paul, MN 55164-0975

Thank you for your submission

We will contact the submitter for more information, if needed. Final tick identification will be emailed to the email address provided, or called if no email address is provided on this form. For more information about ticks and tickborne diseases in Minnesota, please contact MDH at 651-201-5414 or health.bugbites@state.mn.us. Additional information about ticks and tickborne diseases can be found at www.health.state.mn.us/ticks.

(For MDH use only)

Species	# females	# males	#nymphs	#larvae	Comments	Total