

*Only ticks that were attached to a human host may be submitted for testing.
Do NOT submit ticks removed from animals.*

S U B M I T T E R	Name: _____ Address: _____ City: _____ County: _____ Zip: _____ Phone: () _____ Fax: () _____ Email: _____	Mail to: Department of State Health Services ATTN: Zoonosis Control – MC 1956 P.O. Box 149347 Austin, TX 78714-9347
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I N V E S T I G A T I O N	Patient's Name: _____ Address: _____ City: _____ Zip: _____ Phone: () _____ Was the tick attached to the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> If attached, how long? _____ hours Comments: _____ _____
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S P E C I M E N	Specimen Collection Information
	Collection Date: _____ Geographic location where the tick was collected (physical address, including county, or GPS coordinates, if known): _____ _____

Information below this point will be completed by DSHS Staff

I D E N T I F I C A T I O N	Specimen Number: _____ Region: _____ Date Received: _____ Condition of specimen upon receipt at DSHS: _____						
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:55%;">Tick Species</th> <th style="width:20%;">Stage (F M N L)¹</th> <th style="width:25%;">State (UNE PE E)²</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Tick Species	Stage (F M N L) ¹	State (UNE PE E) ²			
Tick Species	Stage (F M N L) ¹	State (UNE PE E) ²					
	<p>1: F – Female; M – Male; N – Nymph; L – Larva 2: UNE – Unengorged; PE – Partially Engorged; E – Engorged</p>						

RESULT REPORTING: The University of North Texas Health Science Center (UNTHSC) will route results to the appropriate DSHS Zoonosis Control (ZC) Regional Office, generally within two weeks after receipt of the specimen. ZC staff will contact the submitter with results and may have follow-up questions for those submitters with ticks testing positive for human pathogens.