

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

SUBMITTER	Name: _____	Mail to:
	Address: _____	Department of State Health Services
	City: _____ County: _____	ATTN: Zoonosis Control – MC 1956
	Zip: _____ Phone: (____) _____	P.O. Box 149347
	Fax: (____) _____	Austin, TX 78714-9347
Email: _____	For DSHS Staff Use Only:	
		Date Received: _____
		Date Shipped: _____
		Processed by: _____

INVESTIGATOR	Patient* Name: _____
	Patient Address: _____
	*If patient is different than submitter , check appropriate box for relationship between submitter and patient: <input type="checkbox"/> healthcare provider <input type="checkbox"/> parent/guardian <input type="checkbox"/> spouse/partner <input type="checkbox"/> other
	Was the tick attached to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	If attached, how long? _____ hours
Comments: _____	

SPECIMEN	Specimen Collection Information
	Collection Date (date tick likely attached OR was discovered): _____
	Geographic location where tick was likely acquired (describe geographic location, including Texas county OR other state/country—e.g. Zilker Park, Austin, Travis County): _____ _____

Information below this point will be completed by DSHS Staff

IDENTIFICATION	Specimen Number: _____	PHR: _____
	Condition of specimen upon receipt at DSHS: <input type="checkbox"/> alive <input type="checkbox"/> dead <input type="checkbox"/> no head <input type="checkbox"/> partial specimen	
	Tick 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		

RESULT REPORTING: The University of North Texas Health Science Center (UNTHSC) reports results to DSHS Zoonosis Control (ZC) Central Office, generally within two weeks after receipt of the specimen. ZC staff forwards results to the appropriate Regional ZC staff, which contacts submitters with results.