



NC Tick Identification Program Submission Form – Human Submissions

*This form is to be used for the identification of tick species. Tick identification will be conducted by the North Carolina Division of Public Health, Communicable Disease Branch. This service is provided for surveillance purposes only and should not be used for diagnostic purposes. **Specimens will not be tested for pathogens.***

Please provide the following information regarding your tick submission:

Name of submitter _____ Phone number _____ Email (to send ID results) _____

Date of tick collection _____ Date of birth of individual the tick was removed from _____ Gender _____

Home county of individual _____ Home zip code of individual _____ On what part of the body was the tick located? _____

Has the individual traveled outside of their home county in the past two weeks? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Travel Start Date _____	Travel End Date _____	City, County, State, and Country of Travel _____

Does the individual have a recent exposure history to ticks? Yes No
 If Yes, when and where: _____
 Comments: _____

Please note: Ticks collected through this program will not be tested for pathogens. However, it is possible for ticks to transmit diseases including Rocky Mountain spotted fever and other spotted fever group rickettsioses, Lyme disease, ehrlichia, etc. to humans. If you believe you are experiencing a tick-borne illness, please consult your physician for diagnosis and treatment.

(For state health department use only)

Species	ID number	Desiccated/ Damaged	Engorged	# of females	# of males	# of nymphs	# of larvae	Total

Submission Instructions

1. Place tick in a water-tight container (e.g. Ziploc bag or plastic vial) with a paper towel/cotton ball dampened with alcohol to prevent desiccation.
2. Seal container to prevent leakage.
3. Fill out specimen submission form (above) for each submission. If ticks are found on more than one individual, then more than one submission form is required.
4. Cut and retain these instructions.
5. Package specimen(s) and the submission form(s) carefully to avoid damage during shipment.
6. Please mail specimens to:

**NC Tick Identification Program
c/o Dr. Alexis M Barbarin
1902 Mail Service Center
Raleigh, NC 27699-1902**