Michigan Department of Agriculture and Rural Development
Pesticide and Plant Pest Management Division
Insect and Rodent Management Program
P.O. Box 30017, Lansing, MI 48909
(517) 241-1169

TICK IDENTIFICATION AND TESTING FORM

1. **If the tick is removed from a person, is received alive, and is of an appropriate species, it will be tested for Lyme disease.**
2. **Place the live tick in a vial or small pill bottle and add a blade of grass or small piece of paper towel moistened with one drop of water. Be sure the cover is firmly secured on the container with no air holes.**
3. **To submit a dead tick for identification only, place it in a bottle with a small piece of paper towel moistened with one drop of water or alcohol.**
4. **Print or type information requested below and return this form with the tick in a container to the above address.**

a. Please indicate (check) if tick was found on:
☐ **Person** ☐ **Animal - Animal Type:**_____
Other: _____
County: _____
Section: _____
Nearest Cross Road: _____

b. If tick was found on person/animal was tick attached?
☐ **Yes** ☐ **No**

c. Date tick was collected: _____

d. Location where tick exposure probably occurred:
Township: _____
Road: _____

e. If tick was found on a PERSON, please complete this section:
Patientôs Name: _____
Age: _____ **Sex:** _____
Address: _____
City: _____
State: _____ **Zip:** _____

Where to send RESULTS (if different from patient):
Name: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Telephone No.: _____

☐ **Check if you are willing to pay the Michigan State University, Diagnostic Center for Population and Animal Health (MSU-DCPAH) a $50.00 fee for disease screening of your tick submission that was removed off a host other than a human.**

DO NOT WRITE BELOW THIS LINE

MDARD SAMPLE #: _____

TICK IDENTIFICATION		**STAGE OF GROWTH**			**ENGORGED**		**SEX**		
		(LARVA)	**(NYMPH)**	**(ADULT)**	**(YES)**	**(NO)**	**(M)**	**(F)**	**(NA)**
☐	*Amblyomma americanum (*Lone Star Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Dermacentor albipictus* (Winter Dog Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Dermacentor andersoni* (Rocky Mt. Wood Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Dermacentor variabilis* (American Dog Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Haemaphysalis leporispalustris* (Rabbit Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Rhipicephalus sanguineus* (Brown Dog Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes banksi* (Skunk Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes cookei* (Woodchuck Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes dentatus* (Eastern Rabbit Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes marxi* (Squirrel Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes muris* (Mouse Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes pacificus* (California Black-Legged Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes scapularis* (Deer Tick/Black-Legged Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes sculptus* (Ground Squirrel Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	*Ixodes woodi* (Woodrat Tick)	☐	☐	☐	☐	☐	☐	☐	☐
☐	Other	☐	☐	☐	☐	☐	☐	☐	☐

COMMENTS:

☐ **Tick was either dehydrated or dead when received by MDARD/*MDCH. Based on the condition of the tick, and or species, laboratory testing for the Lyme disease organism, *Borrelia burgdorferi,* and/or the *Rickettsia* organism was not performed. *MDCH = Michigan Department of Community Health**

☐ **Tick was submitted to ☐ MDCH ☐ MSU-DCPAH for laboratory testing to determine the presence of the *Borrelia burgdorferi spirochete,* and/or the *Rickettsia* organism(s). Results of the test(s) will be forwarded to the submitter at a later date.**

Identification by: _____ **Date:** _____

Rev. 7/11 **Authority: Act 368, P.A. 1978, as amended**