



Michigan Department of Health and Human Services

Bureau of Epidemiology and Population Health
Emerging & Zoonotic Infectious Diseases Section
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Lansing, MI 48909-7695

TICK IDENTIFICATION AND TESTING FORM

1. If the tick is removed from a person, is received alive, and is a blacklegged tick, it will be tested by the MDHHS-Laboratory for Lyme disease at no cost to the submitter. Ticks that are not blacklegged ticks, or that received dead will not be tested for Lyme disease.
2. Place the tick in a vial or small pill bottle and add a blade of grass or small (1-inch square) piece of paper towel moistened with one drop of water. Be sure the cover is firmly secured on the container, you do not need to put air holes in the container.
3. Print or type information requested below and return this form with the tick in a container to the above address. On the outside of the shipping container write "FRAGILE" or "HANDLE WITH CARE" to help prevent damage to the tick when shipped.

* All fields are required in order for tick specimen to be processed.

Person submitting tick:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Phone Number: _____

Send RESULTS to (check one only):

Mail (Address above)

Email: _____

Alternative address:

Tick Information:

Date tick was collected: _____

Please indicate (check) if tick was found on:

Person Animal Other

If animal or other please describe: _____

If tick was found on a person or animal, was the tick attached? Yes No

Location where tick exposure probably occurred:

City: _____

County: _____ State: _____

Specific location (park, game area, etc.):

Do not write below this line:

MDHHS SAMPLE # _____