



Michigan Department of Health and Human Services

Bureau of Infectious Disease Prevention
Emerging & Zoonotic Infectious Disease Section
333 S. Grand Avenue, 3rd Floor
PO Box 30195
Lansing, MI 48933
(517) 335-8165



TICK IDENTIFICATION FORM

NOTE: Effective April 1, 2020, MDHHS will not test ticks for evidence of infection with disease agents.

Please be aware that results may be delayed as we respond to the COVID-19 pandemic.

Print or type information below and mail this form with the tick in a sealed container to the address above.

Submitter Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Send RESULTS to (select only one option):

Mail to address above

Email: _____

Alternative address:

Tick Information:

Date tick was collected: _____

Please indicate (check) if tick was found on a:

Person Animal Other

If animal or other, please specify:

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

Specific location (park, game area, etc.) where exposure likely occurred if different from submitter's address:

City: _____

County: _____ State: _____

Do not write below this line

MDHHS SAMPLE # _____

ID by _____

Table with 4 main columns: Species, Life stage (#), Sex, Engorged?. Rows include Ixodes scapularis, Dermacentor variabilis, Rhipicephalus sanguineus, Amblyomma americanum, Other, and Not a Tick.

Notes:
