



Michigan Department of Health and Human Services

Bureau of Infectious Disease Prevention  
Emerging & Zoonotic Infectious Disease Section  
333 S. Grand Avenue, 4<sup>th</sup> Floor  
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**TICK IDENTIFICATION FORM**

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

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 \_\_\_\_\_

Species	Life stage (#)			Sex		Engorged?	
	Adult	Nymph	Larva	Male	Female	Yes	No
<i>Ixodes scapularis</i> (blacklegged or deer tick)							
<i>Dermacentor variabilis</i> (American dog tick)							
<i>Rhipicephalus sanguineus</i> (brown dog tick)							
<i>Amblyomma americanum</i> (lone star tick)							
Other:							
Not a Tick:							

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_