

**Texas Tick Submission Form**

<b>S U B M I T T E R</b>	Name: _____	<b>Mail to:</b> <b>Department of State Health Services</b> <b>ATTN: Zoonosis Control – MC 1956</b> <b>P.O. Box 149347</b> <b>Austin, TX 78714-9347</b>
	Address: _____	
	City _____ County _____	
	Zip: _____ Phone: (      ) _____	
	Fax: (      ) _____	

<b>I N V E S T I G A T I O N</b>	Patient's Name: _____
	Address: _____ City: _____
	Zip: _____ Phone: (      ) _____
	Was the tick submitted attached to patient?    Yes    No    Don't know
	If attached, how long? _____ hours
	Collection Date: _____
Comments: _____	

<b>S P E C I M E N</b>	<b>Collection Method (circle)</b>	<b>Source (circle)</b>
	Collected from individual    Dry ice    Drag cloth	Human
	Geographic location where tick collected (Physical address or GPS coordinates if known) _____	Vegetation
	_____	Other (specify): _____

**Information below this point to be completed by testing agency.**

<b>I D E N T I F I C A T I O N</b>	Specimen Number: _____ Region: _____ Date Received: _____				
	<b>Number submitted</b>	<b>Genus</b>	<b>Specific Name</b>	<b>Stage ( F M N L)<sup>1</sup></b>	<b>State (UNE PE E)<sup>2</sup></b>
<b>1: F – Female; M – Male; N – Nymph; L – Larva    2: UNE – Unengorged; PE – Partially Engorged; E – Engorged</b>					

<b>R E S U L T S</b>	<b>Test</b>	<b>Assay</b>	<b>Tech</b>	<b>Results</b>	<b>Remarks</b>