



Tick Sample Submission Form

INSTRUCTIONS FOR SUBMITTING A TICK TO THE TESTING SERVICE:

- Complete all sections of this form and print it out.
- Place the tick in a small plastic vial or zipper-locking snack bag with a small piece of paper towel moistened with a few drops of water. Be sure the container is firmly secured.
- Write a check for appropriate amount (see below) to **University of Massachusetts**.
- Place this completed form, the container containing the tick, and a check or money order in a padded envelope or small box and mail to the address shown above.

CHECK WHICH TICK TESTING SERVICE YOU REQUIRE. FEE IS FOR EACH TICK.

Assessment for the pathogens	Fee	Checkbox
Tick identification & Lyme disease - <i>Borrelia burgdorferi</i> – REQUIRED OF ALL TICKS	\$40	
Anaplasmosis - <i>Anaplasma phagocytophilum</i>	\$50	
Babesiosis - <i>Babesia microti</i>	\$50	
Bartonellosis - <i>Bartonella henselae</i>	\$50	
Southern Tick-Associated Rash Illness - <i>Borrelia lonestari</i> (Putative)	\$50	
Tularemia - <i>Francisella tularensis</i>	\$50	
Human monocytotropic ehrlichiosis - <i>Ehrlichia chaffeensis</i>	\$50	
Ehrlichiosis - <i>Ehrlichia canis</i>	\$50	
Rocky Mountain spotted fever - <i>Rickettsia rickettsii</i>	\$50	
<i>Borrelia miyamotoi</i>	\$50	
Total fee submitted:		

ABOUT THE TICK:

- Where was the tick found? (**Note:** this may not be your home, since ticks are often picked up by people and pets during their travels) TOWN _____ STATE _____ ZIP _____
- Date the tick was removed: _____ How long was it attached (if known) ____ hrs
- Tick(s) found on (check one): Human, Cat, Dog, Lawn, Other (specify) _____

IF THE TICK WAS FOUND ON A PERSON, PLEASE TELL US ABOUT THAT PERSON:

- Gender: Female, Male; Age: _____; Was tick attached to skin? Yes No;
 IF tick attached to skin, was there a visible rash at the site of the tick bite? Yes No;
 What is the diameter of the rash? ____ inches
- Body part from which the tick was removed: Head, Neck, Arm Pit, Lower Arm,
 Upper Leg, Lower Leg, Shoulder, Buttocks, Groin, Chest, Back,
 Abdomen, Other (specify) _____

Tick ID #:

Tick ID #:

DO NOT WRITE IN THIS BOX

TELL US WHERE WE SHOULD SEND RESULTS ~PLEASE PRINT VERY CLEARLY

Name _____ Address _____
 Town _____ State _____ Zip Code _____

INDICATE OTHER MEANS BY WHICH YOU WOULD LIKE TO RECEIVE YOUR RESULTS (USE ONE):

E-mail results to: _____ FAX results to: _____

If no email or FAX is provided, results will be sent to the postal address above.