



## Tick Sample Submission Form - Fall, 2009

### INSTRUCTIONS FOR SUBMITTING A TICK TO THE TESTING SERVICE:

- Print this form and complete all of its sections.
- 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 pathogen of **LYME DISEASE** (required for all submitted ticks) \$ 40
- Assessment for the pathogens of **BABESIOSIS** and **ANAPLASMOSIS** \$100
- Number of ticks being submitted \_\_\_\_\_
- **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: \_\_\_\_\_
- 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 yes, 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, -Upper Arm, -Lower Arm, -Hand, -Upper Leg, -Lower Leg, -Foot, -Groin, -Buttocks,  Upper Torso, -Lower Torso, -Other (please specify) \_\_\_\_\_

*Please use the back of this page to tell us any additional information about the tick and/or person/animal on which the tick was found (e.g. rash associated with site of tick bite, symptoms, etc.).*

### 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 (check one):

- Please email results to: \_\_\_\_\_ @ \_\_\_\_\_
- Please FAX results to: (\_\_\_\_\_) \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

Tick ID #: