

Tick Identification



WA State ID Number: _____

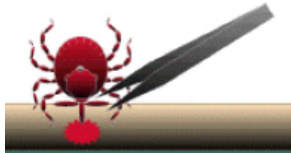
Submitter, Please Complete This Section

Instructions

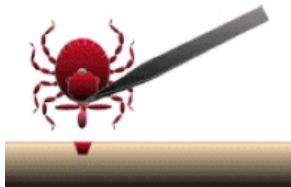
1. Keep the tick alive, if possible.
2. Use either 1-2 blades of grass **or** moisten a small piece of tissue paper with one or two drops of water. Place the grass blades or moistened tissue with the tick into a small plastic or metal container (an empty pill bottle works well). Close tightly.
3. Put the container holding the tick into a sealed plastic bag. Place the bag into a padded envelop for mailing.
4. Complete this form and mail it with your tick to:
WA Tick Identification
Zoonotic Disease Program
PO Box 47825
Olympia, WA 98504-7825

Note: The submitter must pay the shipping cost.

Remove a Tick Promptly and Properly



Grasp the tick close to the skin with tweezers.



Gently pull straight up to remove the tick.
Disinfect the bite site.

Date tick collected: _____

Address, GPS coordinates, or best description possible of where the tick was acquired:

County where tick was acquired: _____

Was the tick attached? Yes No

Tick was found on: Human Dog Cat

Other _____

If tick was found on a person, what was their age and gender?

Age: _____ Gender: _____

Travel outside Washington in past two weeks?

No Yes, where? _____

Name of submitter: _____

E-mail: _____

Phone: _____

Note: You will be notified of your tick species result by e-mail.

More Information

Tick identification is available through the Washington State Department of Health's Zoonotic Disease Program. We do not test the tick for any disease. Identifying the tick species may help a health care provider diagnose an illness that could be associated with a tick bite. If a fever, rash, or flu-like illness occurs within a month of the tick bite, contact your health care provider and let them know you were bitten by a tick and that you had the tick identified.

For more information on tick bite prevention and tick-borne disease, see www.doh.wa.gov and search for "ticks."

For questions about this form, contact us at 1-877-485-7316 or zd@doh.wa.gov.

Washington State Department of Health Use Only

Tick Local ID Number: _____

Identified as: _____ on _____

♂ _____ ♀ _____ Nymph _____ Larva _____

Date Received: _____

Notification Date: _____