

Tick Identification



WA State ID Number: _____

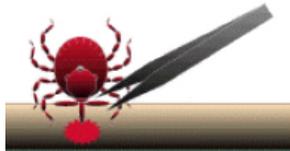
Instructions Complete This Section

1. **Keep the tick alive, if possible.**
2. Place 1-2 blades of grass 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. You will be notified of your tick species result by email.

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 the tick was collected: _____

Description of where the tick was most likely acquired such as address, town, wilderness area, or GPS coordinates. Include county and zip code.

County _____ Zip Code _____

Activity when tick was acquired:

- Hiking Dog Walking Gardening
 Other _____

Tick was found on:

- Human Dog Cat
 Other _____

Was the tick attached? Yes No

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? _____

Tick submitted by: _____

Email _____

Phone _____

You will be notified by email on the identification results.

For More Information

Tick identification is available through the Washington State Department of Health's Zoonotic Disease Program. 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 <http://www.doh.wa.gov/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: _____

Date Received: _____

Date Entered: _____

Identified as: _____ on _____

♂ ♀ Nymph Larva

Notification Date: _____ Testable: Yes No