Tick Identification Submission Form

Instructions

**TICK MUST BE DEAD BEFORE SHIPPING**

1. Place the tick into a small plastic or metal container (an empty pill bottle is ideal). Close tightly and freeze the tick for at least 24 hours to kill it.

2. Put the container holding the tick into a sealed plastic bag.

3. Place the bag into a *padded* envelope for mailing. Do not use a standard business envelope.

4. Complete this form and mail it with your tick to:

   WA Tick Identification
   Washington State Department of Health
   Environmental Public Health Sciences
   PO Box 47825
   Olympia, WA 98504-7825

**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.

**Complete Section, Print, and Mail with Tick**

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 __________________________

Note: The submitter will be notified via email of tick identification findings.

More Information

Tick identification is available through the Washington State Department of Health’s Public Health Entomologist only. We do not provide testing of the tick for disease pathogens. Identifying the tick species may help a healthcare 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 a bite, contact your healthcare provider. Let them know you were bitten by a tick and that you submitted the tick for identification. For information about tick-borne disease and prevention, see [www.doh.wa.gov/ticks](http://www.doh.wa.gov/ticks).

Once received, all tick submissions become property of Washington State Department of Health, and will not be returned to the submitter. For questions about this submission 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  ____

Notification Date: _________________________

**Note:** The submitter must pay the shipping cost.
## Illustrated Instructions

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶️</td>
<td>Safely remove the tick.</td>
</tr>
<tr>
<td>▶️</td>
<td>Place tick in a crush-proof container. A plastic pill container is ideal.</td>
</tr>
<tr>
<td>▶️</td>
<td>Kill the tick by freezing it for at least 24 hours.</td>
</tr>
<tr>
<td>▶️</td>
<td>Place container into plastic bag and tightly seal.</td>
</tr>
<tr>
<td>▶️</td>
<td>Place bag with the completed submission form into a padded envelope and mail.</td>
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</tbody>
</table>

## Requirements