



## Tick Identification and Testing Submission Form

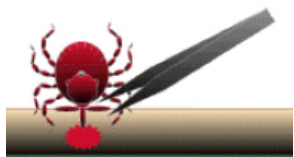
**Instructions** **Complete Section, Print, and Mail with Tick**

**TICK MUST BE DEAD BEFORE SHIPPING**

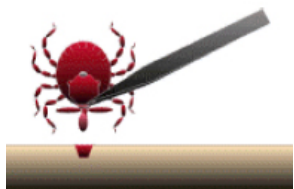
- Place the tick into a small plastic or metal container (an empty pill bottle is ideal). Close tightly and freeze the tick for at least 24 hours to kill it.
- Put the container holding the tick into a sealed plastic bag.
- Place the bag into a **padded** envelope for mailing. Do not use a standard business envelope.
- Complete this form and mail it with your tick to:  
**Oregon Veterinary Diagnostic Laboratory**  
**134 Magruder Hall**  
**Corvallis, OR 97331-8555**

*Note: The submitter must pay the shipping cost.*

**Remove a Tick Promptly and Properly**



Grasp the tick at the level of the skin with tweezers.



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

**Date the tick was collected:** \_\_\_\_\_

Tick Submitted by: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Note: The submitter will be notified via email of tick identification and test results.*

**Identifier/Reference number:** (Animals name, ID number, location, etc.): \_\_\_\_\_

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

**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 \_\_\_\_\_

**Have you traveled outside of Oregon in the past two weeks?**

No  Yes, where? \_\_\_\_\_

**More Information**

Tick identification and testing is available through the Oregon Veterinary Diagnostic Lab at Oregon State University. 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.

Once received, all tick submissions become property of the Oregon Veterinary Diagnostic Lab and will not be returned to the submitter. For questions about this submission form, contact us at 541-737-3261

**OVDL Use Only**

Date Received / Rec'd by: \_\_\_\_\_

**Shipping:** \_\_\_\_\_

\_\_\_\_\_ WS Mail \_\_\_\_\_ WPS: PP Next 2nd

**Condition:**  No ID  Leaking  Other

Tick Local ID Number: \_\_\_\_\_

Identified as: \_\_\_\_\_ Date/Initials \_\_\_\_\_

♂  ♀  Nymph  Larva \_\_\_\_\_