



Tick Identification and Testing Submission Form

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

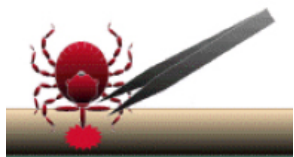
TICK MUST BE DEAD BEFORE SHIPPING

- 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:

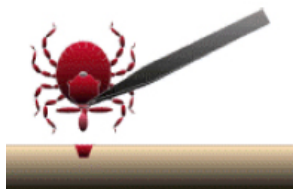
Oregon Veterinary Diagnostic Laboratory
Carlson College of Veterinary Medicine
134 Magruder Hall
Corvallis, OR 97331-8555

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.

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 _____