

Acc. # \_\_\_\_\_

Date Rec: \_\_\_\_\_

Report Sent: \_\_\_\_\_

Date Enter: \_\_\_\_\_

TICK SUBMISSION Form  
Maine Medical Center Research Institute  
Center for Vector-borne Disease  
75 John Roberts Road—Suite 9B  
South Portland, ME 04106  
www.mmcri.org/lyme/  
ticklab@mmc.org

Feb 2010

As part of a program to monitor the distribution of the deer tick, *Ixodes scapularis*, the vector for the Lyme disease bacteria and other human pathogens, our research laboratory offers free identification of ticks. Ticks will **not be tested** to see if they contain the Lyme disease spirochete because the clinical value of this information is uncertain. Unless other arrangements have been made, ticks should be preserved in small bottles of 70% alcohol and mailed in a crush-proof container with this completed form to the above address. Please be sure to note the town where the tick was acquired and date tick found.

In the late spring and summer, many areas are infested with dog ticks, *Dermacentor variabilis*. This tick does not transmit Lyme disease. Because our laboratory can become overwhelmed by submissions of this tick, we ask that you not submit ticks on which you can distinguish the characteristic faint white markings unique to the dog tick.

To remove ticks, grasp them with fine forceps as near to the skin as possible and pull directly out firmly and steadily. The barbed mouth parts may not let go easily, so a minute or more may be required. Do not handle ticks with your bare hands.

Because we are interested in tick distribution, we may attempt to contact the person who originally collected the tick. If the tick is submitted by a clinic or other organization, please include the original collector's name and address. Please include name of guardian if under 18 years of age.

A. Individual, physician, clinic, or organization submitting tick:

B. Person (or owner's name if pet) acquiring tick:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date tick found: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Town where acquired: \_\_\_\_\_ State: \_\_\_\_\_

Was the tick attached when found?  Yes  No Body part attached to: \_\_\_\_\_

Tick found on:  Person (Age of person: \_\_\_\_\_ )  Animal  Other: \_\_\_\_\_

If found on animal, what species?  Dog (Breed: \_\_\_\_\_ )  Cat  Other: \_\_\_\_\_

Animal's name: \_\_\_\_\_ Has animal been vaccinated for Lyme disease?  Yes  No

Do you use any tick control products on your animal  Yes  No

If yes, what product was used:  Frontline  Advantix  Other \_\_\_\_\_

Were there any associated symptoms? \_\_\_\_\_

Patients or Physicians, please note any other pertinent information here:

Lab use only:  
(do NOT write below line)

Tick Identification: