

**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF COMMUNICABLE DISEASE CONTROL
TICK IDENTIFICATION SUBMITTAL**

INSTRUCTIONS: Mail specimen in alcohol in a leak proof container to:
 Tick Identification Service
 ATTN: Melissa Prusinski C-461
 Wadsworth Center Biggs Laboratory
 New York State Department of Health
 PO Box 509
 Empire State Plaza
 Albany, NY 12201 - 0509

FOR OFFICE USE ONLY						
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Person and/or company to send report to:			REF NO:
NAME: Last:	First:	Title:	DATE SPECIMEN WAS COLLECTED:
COMPANY:			
ADDRESS:			NO. OF SPECIMENS:
CITY/TOWN:		COUNTY:	
STATE:	ZIP:	PHONE: ()	

WAS TICK COLLECTED FROM A HUMAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX:	DOB or AGE:
NAME: Last:	First:	Title:	
ADDRESS:			
CITY/TOWN:		COUNTY:	
STATE:	ZIP:	PHONE: ()	
SYMPTOMS:			

WAS TICK COLLECTED FROM AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other:	Pet's Name:
OWNER'S NAME: Last:	First:	Title:	
ADDRESS:			
CITY/TOWN:		COUNTY:	
STATE:	ZIP:	PHONE: ()	

RECENT TRAVEL HISTORY:	
HAS THE PERSON OR ANIMAL TRAVELLED WITHIN THE LAST MONTH?	
<input type="checkbox"/> YES: DESCRIBE LOCATION AND DATES	<input type="checkbox"/> NO, LOCAL TRAVEL ONLY

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