

FOR LAB USE ONLY		# _____
Date Received: _____	Date Resolved: _____	
Examined by: _____		
ID: _____	Stage: _____	Sex: _____
Engorgement: _____		

TICK IDENTIFICATION SUBMISSION FORM

UMaine Extension Tick ID Lab
 491 College Avenue || Orono, ME 04473-1295

Contact Email: tickID@maine.edu
Website: extension.umaine.edu/ipm/tickid/

The Tick ID Lab currently offers tick identification only. We do not test ticks for disease-causing organisms.

How to submit a tick for identification:

- Do NOT attach any tape to the tick(s).
- Place your tick(s) in a small leak-proof container (no glass, please) with just enough rubbing alcohol to cover the specimen(s).
- Wrap the container in a paper towel (as a precaution in case the container breaks or leaks) and place it all inside a zipper-locking plastic bag.
- Mail to UMaine Extension Tick ID Lab at the address above.

Contact Information:

Your Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ @ _____ **We will contact you by**

email with your tick ID (or by postal mail if you have no email address or if the email bounces back to us)

Please provide the following information about each tick being submitted:

- Date you found the tick: _____
- Where did you find the tick?
 ___ On a person (Age of person: _____) ___ On a dog ___ On a cat Other: _____
- If it was found on a host, was the tick attached/feeding when you found it? ___ Yes ___ No
- How long would you estimate the tick was attached?
 ___ 0-12 hours ___ 12-24 hours ___ 24-36 hours ___ 36-48 hours ___ More than 48 hours
- What part of the body (if a person) was the tick attached to/feeding upon?
 ___ head ___ neck ___ armpit ___ arm ___ groin ___ leg ___ torso (front) ___ torso (back)
- Where do you believe the tick originated? County: _____ Town: _____
 (or) Outside of Maine: _____

Is there anything else that might be helpful for us to know regarding the tick?