

UNIVERSITY OF TENNESSEE TICK INTAKE FORM

Medical and Veterinary Entomology Laboratory
Department of Entomology and Plant Pathology
2505 EJ Chapman Drive
370 Plant Biotechnology Building
Knoxville, TN 37996-4560

LAB PURPOSES

Identification by: _____

Notes:

Tick identification for public use in research and education. Please print this page and submit it with your suspected tick sample(s). At this moment, ticks are NOT tested for potential pathogens or for human/animal health diagnostic purposes.

Submitter Contact Information:

Name: _____

Address: _____

City: _____

State/Zip Code: _____

Email: _____

County: _____

Date Submitted: _____

Would you like us to contact you about its identification? Circle one: Yes or No

Samples should be submitted in a vial or sealable bag with a bit of ethanol-based hand sanitizer.
If submitting collections from more than one host, date, or location, then please use multiple containers (1-5).

Sample Bag/Vial 1

On what / who was/were the tick(s) found? _____ Date tick was found: _____

Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 2

On what / who was/were the tick(s) found? _____ Date tick was found: _____

Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 3

On what / who was/were the tick(s) found? _____ Date tick was found: _____

Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 4

On what / who was/were the tick(s) found? _____ Date tick was found: _____

Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 5

On what / who was/were the tick(s) found? _____ Date tick was found: _____

Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Signature of Submitter: _____

Date Submitted: _____