

Tick Testing Sample Submission Form

Submittor Contact Information (Individual, Laboratory, Clinic, etc.)

First and Last Name _____
Email address and/or phone number _____
Mailing Address with County please _____
Please use back of form if needed. _____

Host information (if the tick was attached to a person)

First and Last Name _____
Where was the tick attached? Right arm, left leg, etc. _____
How long was the tick attached? _____

Tick source information if not attached to a person. Example: dog, cat, vegetation, etc.

Tick Source _____

Geographic Information

Where was the tick likely encountered? Please provide geographic location if possible with County and Landmarks.
Example: Tarrant County, Texas, Fort Worth Nature Center and Refuge, 9601 Fossil Ridge Road

County _____ Landmark _____
And/or
State _____ Physical Address _____

Test Selection. Result information is for reference only and not intended for diagnosis.

☐ Standard Test Panel can be performed for \$125.00 and includes detection for the following:

Pathogen

Borrelia burgdorferi
Borrelia miyamotoi
Rickettsia rickettsii
Rickettsia parkeri
Ehrlichia chaffeensis
Ehrlichia ewingii
Anaplasma phagocytophilum
Babesia microti

Disease or Infection

Lyme Disease
Hard tick-associated relapsing fever
Rocky Mountain Spotted Fever (RMSF)
Spotted fever group rickettsiosis
Ehrlichiosis
Ehrlichiosis
Anaplasmosis
Babesiosis

Mail sample with form and payment by check or money order payable to UNTHSC.

University of North Texas
Health Science Center Central Receiving
Attn: Lyme Lab
3420 Darcy Street
Fort Worth, Texas 76107-2699

For pre-payment by credit card please call 817-735-5039
or 817-735-5038 for assistance or email
michael.allen@unthsc.edu

UNT Health
FORT WORTH

**Tick-Borne Disease
Research Laboratory**