

University of North Texas Center for Human Identification 3500 Camp Bowie, Fort Worth, Texas 76107 817-735-5039

Tick Testing Sample Submission Form

1. Submitting Entity E.g. Veterinarian, Laboratory or Individual					
Name of Entity:			Contact Name		
1					
		Contact Email:			
		Phone No:			
		Fax No:			
Source Type:	Geographic location where tick collected:				
☐ Human☐ Vegetation	Add	Additional Information:			
	Other:				
2. Patient Information If different from submitting entity.					
Name:		Cont	Contact Name:		
Address:		Cont	Contact Email:		
	Phone No:				
3. Test Selection					
Panel: \$90					
☐ Tick-Borne Disease PCR panel, includes genus-specific detection of <i>Borrellia spp., Ehrlichia spp.</i> and <i>SFG Rickettsia spp.</i>					
Individual Tests: \$35 each					
☐ Borrelia burgdorferi PCR☐ Bartonella henselae PCR☐ Borrelia lonestari PCR			☐ Ehrlichia species PCR ☐ Babesia microti PCR		
4. Submission Notices					
Mail Sample to: Payment Info:					
University of North Texas Health Science Center Check or Money Order should be made payable to:					
Attn: Tick-Borne Disease Lab CBH 628 "UNTHSC" and submitted with your sample. 3500 Camp Bowie Blvd. For pre-payment by Credit Card, before sample submission					
Fort Worth, TX 76107-2699 please call 817-735-5038 or 817-735-5039 for assistance.					
RESULT INFORMATION IS TO BE USED FOR REFERENCE ONLY AND IS NOT INTENDED FOR DIAGNOSIS AND/OR TREATMENT. These tests are not approved by the U.S. Food and Drug Administration. Assay parameters and interpretation guidelines were developed by the UNTHSC Tick-Borne Disease Research Laboratory.					
E DECLIFICATION OF THE CONTROL OF TH					
5. RESULTS (UNTHSC LAB USE ONLY)					
Specimen No: External ID Number	Date Received: Genus	:	Engorged Partially Er Stage (F M N L)1	ngorged	
External ID Number	Genus	Specific Name	Stage (TWINE)	State (ONL 1 L L)2	
Test	Assay	Tech	Results	Remarks	
		-			