Tick Testing Sample Submission Form

Submittor Cont	act Information (Individual, Laboratory, Clinic, etc.)
First and Last Name Email address and/or phone no Mailing Address with County p Please use back of form if need	lease
Host info	rmation (if the tick was attached to a person)
First and Last Name	
Where was the tick attached? I	Right arm, left leg, etc
How long was the tick attached	
Tick source information in	f not attached to a person. Example: dog, cat, vegetation, etc.
Tick Source	
	Geographic Information
Example: Tarrant County, Texas, Fo	ered? Please provide geographic location if possible with County and Landmarks ort Worth Nature Center and Refuge, 9601 Fossil Ridge Road Landmark And/or Physical Address
	ormation is for reference only and not intended for diagnosis. be performed for \$90.00 and includes detection for the following:
Pathogen Borrelia burgdorferi Borrelia lonestari Rickettsia species Ehrlichia species Additional tests:	Disease or Infection Lyme Disease Southern Tick-Associated Rash Illness (STARI) Rocky Mountain Spotted Fever (RMSF) and other Rickettsioses Ehrlichiosis
Bartonella henselae Babesia microti	Cat Scratch Fever Babesiosis

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

All tests above can be performed individually for \$35.00 each. Please use check boxes to request individual tests.

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



The University of North Texas Health Science Center At Fort Worth Tick-Borne Disease Research Laboratory