

Tick Identification and Submission Form

Tick species identification will be conducted by the North Dakota Department of Health and Human Services, Laboratory Services. Submission is for surveillance purposes only, not diagnostic purposes.

Submitter Information

Name of Submitter:

Date of Collection:

Phone Number:

Address:

Name of Animal:

Email Address:

Tick Information

Tick found on (Human or Animal):

Animal Species:

Home County where tick is found:

Home Zip Code where tick is found:

Has the source of the tick traveled outside of the home county in the past two weeks?

If yes, provide the following information:

Travel Start Date:

Travel End Date:

City, County, and State of Travel:

Additional Comments:

Tick Submission Instructions

1. Place tick in water-tight container, zip lock bag is acceptable, with moist paper towel, moist cotton ball, or alcohol pad.
2. Complete submission form for each tick and attach to zip lock bag with tick.
3. Place sealed specimen(s) and submission form(s) in envelope and mail to:
Tick Surveillance Program
North Dakota Department of Health and Human Services - Laboratory Services
2635 East Main Avenue
P.O. Box 5520
Bismarck, ND 58506-5520

HHS will contact you if further information is needed. Results will be emailed to the provided address. For more information, contact Disease Control and Forensic Pathology at 701-328-2378, toll-free at 800-472-2180, or at www.hhs.nd.gov/health/diseases-conditions-and-immunization/tickborne. Additional information about ticks and tick-borne diseases can be found at www.cdc.gov/ticks/.