



# Tick-borne Diseases Program

## Bergen County Environmental Health

220 E Ridgewood Ave, Paramus, NJ 07652

### Tick Identification Submission Form (pg. 1 of 2)

- ◇ Fill out all sections of this form (front and back) and sign where indicated
- ◇ Fold form and place inside Ziploc bag with vial containing tick
- ◇ Ticks will be identified to species, stage of development and degree of engorgement. There is nocost for identification.

**IMPORTANT:** Tick Identification results are **NOT DIAGNOSTIC** of disease in humans or animals. If you think you may have contracted a tick-borne illness, seek medical attention. Identification of a submitted tick does not rule out the possibility that you may have had other undetected tick bites.

#### Information on Person Submitting Tick

Name: \_\_\_\_\_ Today's date \_\_\_\_\_  
(mm/dd/yyyy)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

wish to receive my Tick Identification Report by (Please check one):  Mail  E-mail

#### Information on Person Bitten by Tick

Name: \_\_\_\_\_ Relationship to person above: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

How many tick bites does this person receive in a year? \_\_\_\_\_

If tick was removed from an animal other than a human, please specify:  Dog  Cat  Other: \_\_\_\_\_

Place an X on figure where tick was attached

Front

Back

Side

Date tick was removed: \_\_\_\_\_  
(mm/dd/YYYY)

Estimated length of time tick was attached:

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

Office Use:

REC \_\_\_\_\_ IDSP \_\_\_\_\_ IDST \_\_\_\_\_ IDEN \_\_\_\_\_ REP \_\_\_\_\_ RET \_\_\_\_\_

Proceed to back of page to complete form →

Office Use  
TS:

## Tick Identification Submission Form (pg. 2 of 2)

WHERE DO YOU THINK THE TICK WAS ACQUIRED:

Home  Park  School  Unknown  Other: \_\_\_\_\_

If Other than home, list location: \_\_\_\_\_

City/Town: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

ACTIVITY ENGAGED IN WHEN TICK WAS ACQUIRED:

Recreation  Yard Work  Hunting  Employment (list occupation): \_\_\_\_\_

Unknown  Other (please specify): \_\_\_\_\_

### TERMS AND CONDITIONS

I, the undersigned, do hereby request that representatives of the Bergen County Environmental Health Division examine a specimen delivered by me to the Division for the purpose of identifying if said organism is a tick, and if said organism is a tick identifying said tick to genus and species, development stage, and degree of engorgement. I understand that said tick becomes the property of the Division and may be used for research purposes and that any and all data derived from said specimen may be used to better understand tick-borne diseases. I hereby absolve the Division and its employees for any errors or omissions involved in the identification of said tick. I understand that it is not the responsibility of the Division to make recommendations as to the diagnosis or method of treatment of any individual or to perform tick control measures in any geographic area where said tick was obtained. I further agree to hold harmless representatives of the Division from any litigation concerning this specimen.

I, the undersigned, agree to release, indemnify, and hold the Division (its partners, heirs, executors, personal representatives, successors, and assigns) harmless from any liability, claims, suits, losses, costs and legal fees caused by, arising out of, or resulting from any negligent act, omission or fraud resulting from, caused by or participated in by the Division (its partners, executors, personal representatives, successors, and assigns).

**I have read and agree to the Terms and Conditions:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Residents wishing to retrieve their tick after identification must do so within 90 days of receiving results. After this time specimens will be destroyed. I understand that the tick will be returned to me in a vial containing ethanol (a preservative) and not my original container: \_\_\_\_\_ (initial)*

**END OF FORM**

Section to be completed only in the event of tick retrieval, AFTER RESULTS ARE RECEIVED:

Sign here to acknowledge receipt of tick: \_\_\_\_\_ Date: \_\_\_\_\_