

Medical and Veterinary Entomology Laboratory
 Department of Entomology and Plant Pathology
 2505 EJ Chapman Drive
 370 Plant Biotechnology Building
 Knoxville, TN 37996-4560

LAB PURPOSES Identification by: _____ Notes:
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Tick identification for the public to be used for research and educational purposes.
At this moment, ticks are NOT tested for potential pathogens or for human/animal health diagnostic purposes.

Name		Date Submitted:
Address	City	State / Zipcode
Email	County	Would you like us to contact you about its identification? Circle one: Yes or No

*Samples should be submitted in a vial or sealable bag with a bit of ethanol-based hand sanitizer.
 If submitting collections from more than host/date/location, then please use multiple containers (1-5).*

Signature of Submitter: _____

Sample Bag/Vial 1

On what / who was/were the tick(s) found? _____ Date tick was found: _____
 Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 2

On what / who was/were the tick(s) found? _____ Date tick was found: _____
 Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 3

On what / who was/were the tick(s) found? _____ Date tick was found: _____
 Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 4

On what / who was/were the tick(s) found? _____ Date tick was found: _____
 Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

Sample Bag/Vial 5

On what / who was/were the tick(s) found? _____ Date tick was found: _____
 Address / Location of where the tick was possibly picked up. Be as accurate as possible with address or GPS:

For Lab Purposes				
Sample Bag/Vial 1	Sample Bag/Vial 2	Sample Bag/Vial 3	Sample Bag/Vial 4	Sample Bag/Vial 5