



# Tick Identification Submission Form

## How to Submit a Tick:

\* Place the tick in a doubled Ziplock baggie or in a container with a secure cap.

\*Complete the form below and submit to:

Hancock Public Health

2225 Keith Parkway, Findlay, Ohio

\*Identification may take up to Two Business Days.

**Ticks submitted to Hancock Public Health become the property of Hancock Public Health and will not be returned to the submitter.**

### Submitter Information

\_\_\_\_\_ Today's Date

\_\_\_\_\_ Name: First

\_\_\_\_\_ Last

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Zip

\_\_\_\_\_ Phone

\_\_\_\_\_ Email

### Tick Information

\_\_\_\_\_ Date Tick Found

\_\_\_\_\_ What Township/Village was tick found in?

\_\_\_\_\_ Tick was found on: Human (Age: \_\_\_\_\_ Sex: \_\_\_\_\_ )

\_\_\_\_\_ Animal:

\_\_\_\_\_ Other:

\_\_\_\_\_ Was the tick attached and biting: No

Yes, less than 24 hours

Yes, 24+hours

Yes, Unknown time

\_\_\_\_\_ Where do you think the tick was picked up?

\_\_\_\_\_ What activity were you doing?

Gardening/  
Yard Work

Walking

Hiking

Outdoor  
Play/ Sports

Camping

Hunting/  
Fishing

Agriculture  
Work

Other \_\_\_\_\_

### Health Department Use Only

\_\_\_\_\_ Tick ID# \_\_\_\_\_ Date HPH Received \_\_\_\_\_ Date Reported to Submitter \_\_\_\_\_

\_\_\_\_\_ Identification \_\_\_\_\_ Sent to ODH Y N