



Tick-borne Diseases Program
Monmouth County Mosquito Control Division
 1901 Wayside Road, Tinton Falls, NJ 07724

Office Use
 TS:

Tick Identification Submission Form (pg. 1 of 2)

- ◇ Fill out all sections of this form, then sign and initial on back.
- ◇ Fold form and place inside sealable bag with baggie containing tick
- ◇ Ticks will be identified to species, stage of development and degree of engorgement. There is no cost 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: _____

I 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

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

Date tick was removed: _____
 (mm/dd/YYYY)

Information on Tick Exposure

WHERE DO YOU THINK THE TICK WAS ACQUIRED (BEST GUESS ACCEPTABLE):

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): _____

Office Use:

REC _____ IDSP _____ IDST _____ IDEN _____ REP _____ RET _____

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TERMS AND CONDITIONS

I, the undersigned, do hereby request that representatives of the Monmouth County Mosquito Control Division (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).

Residents wishing to retrieve their tick after identification (i.e. to send for pathogen testing at private labs) **must do so within 90 days** of receiving results. If interested, please notify the Division by phone or email. The tick will be returned in a vial containing ethanol (a preservative) and not the original container.

I have read and agree to the Terms and Conditions:

Signature: _____ Date: _____

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: _____