

Tick Identification Submission Form

The Ohio Department of Health accepts ticks year-round for species identification. Submission kits with forms, tubes and padded envelopes are available upon request. For information, call (614) 752-1029.



How to Submit a Tick:

- Place the tick in a crush-resistant container, such as a pill bottle or sample tube. If the tick is alive, add a tiny drop of water. If the tick is dead, add a few drops of rubbing alcohol. Seal the container in a plastic bag.
- Complete the form below. Place the form and the tick in a padded envelope for shipping.
- Mail the tick to: Ohio Department of Health Tick ID, 8995 E Main St, Building 22, Reynoldsburg, OH 43068
- Instead of mailing the tick, photos can be sent to Zoonoses@odh.ohio.gov along with the form below.

Visit <https://ohio.gov/tick> for information about ticks and tick-borne diseases in Ohio.

----- *Keep a copy of this completed form for your records.* -----

Date tick was found: _____ If found in Ohio, what county? _____
If not in Ohio, what city/state? _____

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 length of 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 Agricultural Work Other: _____

Tick submitted to ODH by (health agency, hospital, doctor's office, vet clinic, etc.): _____

Submitter's name: _____ Person who had the tick: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

FOR LAB USE ONLY

Tick ID #: _____ Date Received: _____ Date Reported: _____

Identification: _____ L / N / M / F _____ % engorged A / D