

**ARMY PUBLIC HEALTH CENTER
DOD HUMAN TICK TEST KIT PROGRAM
SUBMISSION OF TICK SPECIMENS FROM HUMAN TICK BITE PATIENTS**

SUBMITTING INSTALLATION (MAILING ADDRESS):

POC NAME: _____

POC PHONE: COM _____ **DSN** _____

POC EMAIL: _____

SAMPLE IDENTIFICATION NO. (DO NOT USE PATIENT NAME OR SSN) _____

PATIENT INFORMATION

SERVICE ASSOCIATION (Circle one):

ARMY

NAVY

AIR FORCE

MARINES

STATUS (Circle):

ACTIVE DUTY

NAT'L GUARD

RETIRED

RESERVES

DEPENDENT

CIVILIAN

OTHER _____

AGE _____ SEX: M F

TICK-BITE INFORMATION

WHERE WAS TICK-BITE ACQUIRED?

ON-POST? (Give the name of the installation):

OFF-POST? (Enter the following information, if known):

CITY _____

COUNTY _____

STATE _____

UNKNOWN (Circle if you do not know where the tick-bite was acquired)

DATE OF TICK REMOVAL _____ UNKNOWN

month/day/year

WAS THIS AN OCCUPATIONAL EXPOSURE? YES NO

WAS A FIELD UNIFORM WORN? YES NO

WAS A PERMETHRIN-TREATED UNIFORM WORN? YES NO

REMARKS:

TICK ANALYSIS DATA SHEET

Page ___ of ___ pages	Installation sample #:	APHC sample #:	Date rec'd:
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Identified by:	Call-in date (I.D.):	to:	by:	Tested by:	Call-in date (tests):	to:	by:
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TICK IDENTIFICATION	Sex & Stage			Engorgement			Condition		
	Species	Adult M/F	Nymph	Larva	Flat	Part	Full	Alive	Dead
<i>Amblyomma americanum</i> lone star tick									
<i>Dermacentor variabilis</i> American dog tick									
<i>Ixodes scapularis</i> blacklegged tick (a.k.a. deer tick)									
Other:									

THIS TICK WAS TESTED FOR:	Pos	Neg	REMARKS:
Babesiosis (BAB) <i>Babesia microti</i>			
Human granulocytic anaplasmosis (HGA) <i>Anaplasma phagocytophilum</i>			
Lyme disease (LD) <i>Borrelia burgdorferi</i>			
<i>Ehrlichia ewingii</i> ehrlichiosis (EE)			
Human monocytic ehrlichiosis (HME) <i>Ehrlichia chaffeensis</i>			
Panola Mountain ehrlichiosis (PME)			
Rocky Mountain spotted fever (RMSF) <i>Rickettsia rickettsii</i>			
Other:			

REVIEWED BY:

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