What is MilTICK? MilTICK (Military Tick Identification/Infection Confirmation Kit) is a free tick testing and identification service available to Department of Defense (DOD) personnel and their dependents. Formerly known as the DOD Human Tick Test Kit Program, this service is provided by the Laboratory Sciences Directorate and the Tick-Borne Disease Laboratory at the U.S. Army Public Health Center, located at Aberdeen Proving Ground, Maryland.

What does MilTICK do? Ticks can be submitted to MilTICK by eligible individuals following the instructions below, or by using MilTICK Tick Kits that are available at DOD health care facilities (such as Military Treatment Facilities, or MTFs). Once MilTICK receives a tick, it will—

- Identify the species of tick
- Assess how long the tick was attached to a human
- Test the tick for human pathogens (e.g., those that cause Lyme disease, Rocky Mountain spotted fever, etc.)

Results of MilTICK testing will be reported back to the point of contact provided on the MilTICK submission form in 2 weeks or less. These results will be used to track ticks and tick-borne pathogens by location and can also be used by patients who wish to seek medical guidance and/or treatment for possible exposure to tick-borne disease.

Who can submit a tick? Individuals in the following categories are eligible to submit ticks to MilTICK:

- Active Duty Service Members
- National guard personnel
- Reservists in all Services
- Civilian personnel working for the DOD or any of the Services (including Army Corps of Engineers)
- Contractors supporting the DOD or any of the Services
- Retired Service Members
- Dependents, including spouses, parents, or children of all above categories

I found a tick on myself or my dependent! How do I submit a tick for testing? To determine the fastest way to submit your tick to MilTICK, follow the below decision tree:

- I have removed a tick from myself or a dependent and am eligible to submit the tick to MilTICK
  - I am at (or can easily get to) a DOD Clinic.
    - Submit your tick to your Clinic staff; they will fill out the paperwork and submit the tick to MilTICK for you. Clinic staff will contact you with the results of the tick testing
  - I have a tick kit at home.
    - Follow the instructions in your tick kit; fill out the Tick Submission form including Installation Sample # for tracking purposes (ex: 2020-01). Put your tick in the plastic vial, and seal it in the plastic bag.
    - Include the USDA permit and mail your kit in the pre-addressed envelope.
    - Ensure sufficient postage has been applied.
  - I do not have a tick kit.
    - Print out the below Tick Submission Form and USDA Permit; fill out Page 1 of the Tick Submission Form, including Installation Sample # for tracking purposes (ex: 2020-01).
    - Seal your tick in two re-sealable plastic bags.
    - Mail your tick, the completed submission form, and the USDA permit in a padded envelope to:
      - Tick-Borne Disease Lab
      - Army Public Health Center
      - 8638 40th St., BLDG E5800
      - Aberdeen Proving Ground, MD 21010-5403
    - Ensure sufficient postage has been applied.

The individual will be notified by phone or email once the tick has been received and identified. Results of testing will be reported by phone or email within 2 weeks after the tick has been received.

Contact the MilTICK team with questions or to order Tick Kits:
Phone: (410) 436-5425 or Email usarmy.apg.medcom-aphc.mbx.tickcom@mail.mil
Visit the CAC-enabled data dashboard at https://carepoint.health.mil/sites/ENTO/miltick
Visit the MilTICK website at https://phc.amedd.army.mil/topics/envirohealth/epm/Pages/HumanTickTestKitProgram.aspx
ARMY PUBLIC HEALTH CENTER
MIITICK - MILITARY TICK IDENTIFICATION/INFECTION CONFIRMATION KIT

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Authorized: MiITICK Team Leader
### TICK IDENTIFICATION

<table>
<thead>
<tr>
<th>Species</th>
<th>Adult M/F</th>
<th>Nymph</th>
<th>Larva</th>
<th>Flat</th>
<th>Part</th>
<th>Full</th>
<th>Alive</th>
<th>Dead</th>
</tr>
</thead>
</table>
| *Amblyomma americanum*  
lonestar tick |          |       |       |      |      |      |       |      |
| *Dermacentor variabilis*  
American dog tick |          |       |       |      |      |      |       |      |
| *Ixodes scapularis*  
blacklegged tick  
(a.k.a. deer tick) |          |       |       |      |      |      |       |      |
| Other: | | | | | | | | |

### THIS TICK WAS TESTED FOR:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Pos</th>
<th>Neg</th>
<th>REMARKS:</th>
</tr>
</thead>
</table>
| Babesiosis (BAB)  
*Babesia microti* | | | |
| Human granulocytic anaplasmosis (HGA)  
*Anaplasma phagocytophilum* | | | |
| Lyme disease (LD)  
*Borrelia burgdorferi* | | | |
| Powassan virus disease (POWV) | | | |
| *Ehrlichia ewingii*  
ehrlichiosis (EE) | | | |
| Human monocytic ehrlichiosis (HME)  
*Ehrlichia chaffeensis* | | | |
| Panola Mountain ehrlichiosis (PME) | | | |
| Rocky Mountain spotted fever (RMSF)  
*Rickettsia rickettsii* | | | |
| Other: | | | |

**REVIEWED BY:**

ROBYN NADOLNY, PhD  
Tick-Borne Disease Laboratory  
Army Public Health Center  
8638 40th St, BLDG E5800  
Aberdeen Proving Ground, MD 21010-5403  
DSN 584-5425    COM (410) 436-5425
<table>
<thead>
<tr>
<th>PERMIT NUMBER</th>
<th>132624</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE ISSUED</td>
<td>12/25/2019</td>
<td>DATE EXPIRES</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF SHIPPER(S)</td>
<td>Various shippers within... the United States and U.S. Territories</td>
<td>CC: Service Center, MD (Albany, NY)</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF PERMITTEE INCLUDING ZIP CODE AND TELEPHONE NUMBER</td>
<td>Dr. Michael J Harrenstine</td>
<td>U.S. Army Public Health Center</td>
</tr>
<tr>
<td></td>
<td>5158 Blackhawk RD</td>
<td>21025-5403</td>
</tr>
<tr>
<td></td>
<td>Aberdeen Proving Ground, Maryland</td>
<td>410-436-5493</td>
</tr>
<tr>
<td>U.S. PORT(S) OF ARRIVAL</td>
<td>TRANSPORT PERMIT</td>
<td>MODE OF TRANSPORTATION</td>
</tr>
</tbody>
</table>

As requested in your application, you are authorized to import or transport the following materials:

1) Ticks (whole or homogenized in extraction buffer); Black legged tick species (Ixodes scapularis), Lone star tick (Amblyomma americanum), Gulf Coast tick (Amblyomma maculatum), Dog Tick (Dermacentor variabilis)
2) Mosquitoes (whole or homogenized in extraction buffer); Aedes aegypti, Aedes albopictus, Culex spp.

Restrictions and Precautions for transporting and handling materials and all derivatives:

This permit is issued under authority contained in 9 CFR CHAPER 1, PARTS 94.95 and 122. The authorized materials or their derivatives shall be used only in accordance with the restrictions and precautions specified below. Alterations of restrictions can be made only when authorized by USDA, APHIS, VS.

- Adequate safety precautions shall be maintained during shipment and handling to prevent dissemination of disease.
- With the use of this permit, I, Dr. Michael J. Harrenstine, Permitee, acknowledge that the regulated material(s) will be imported/transported within the United States in accordance with the terms and conditions as are specified in the permit. The Permitee is the legal importer/recipient [as applicable] of regulated article(s) and is responsible for complying with the permit conditions. The Permitee must be at least 18 years of age and have and maintain an address in the United States that is specified on the permit, or if another legal entity, maintain an address or business office in the United States with a designated individual for service of process, and serve as the contact for the purpose of communications associated with the import, transit, or transport of the regulated article(s). **Note: Import/Permit requirements are subject to change at any time during the duration of this permit.**
- ***Materials shall be consigned directly to the permittee address specified above.
- This permit DOES NOT authorize direct or indirect exposure of or inoculation into laboratory and domestic animals, including poultry, cattle, sheep, swine, horses, etc. Work shall be limited to IN VITRO uses only.

continued on subsequent page(s)......

To expedite clearances at the port of entry, Bill of Lading, Airbill or other documents accompanying the shipment shall bear the permit number.

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>Deborah Dufficy</th>
<th>TITLE</th>
<th>Organisms and Vectors Permitting APHIS Veterinary Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO. LABELS</td>
<td>Deborah D. Dufficy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VS FORM 16-6A (MAR 95) Replaces VS Form 16-3A and 16-28 which are obsolete
RESTRICTIONS AND PRECAUTIONS: (continued from Permit Form VS 16-6)

- Packaging, containers, and all equipment in contact with the imported products shall be sterilized or considered a biohazard and must be disposed of accordingly.

- Work with the permitted material shall be performed in accordance with the condition requirements described in this permit. Subsequent distribution to another state is prohibited without prior authorization of APHIS (in the form of an interstate transport permit, written correspondence, or reference to an applicable guideline for no import permit required). Any change in use, treatment, disposal, and distribution within the state may require approval from the state and/or local government.

- This permit does not exempt the permittee from responsibility for compliance with any other applicable federal, state, or local laws and regulations.

- A copy of this permit must be included with the shipping documents.

SIGNATURE

Deborah Dufficy

TITLE

Organisms and Vectors Permitting
APHIS Veterinary Services