

# MilTICK

Military Tick Identification/Infection Confirmation Kit

**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.

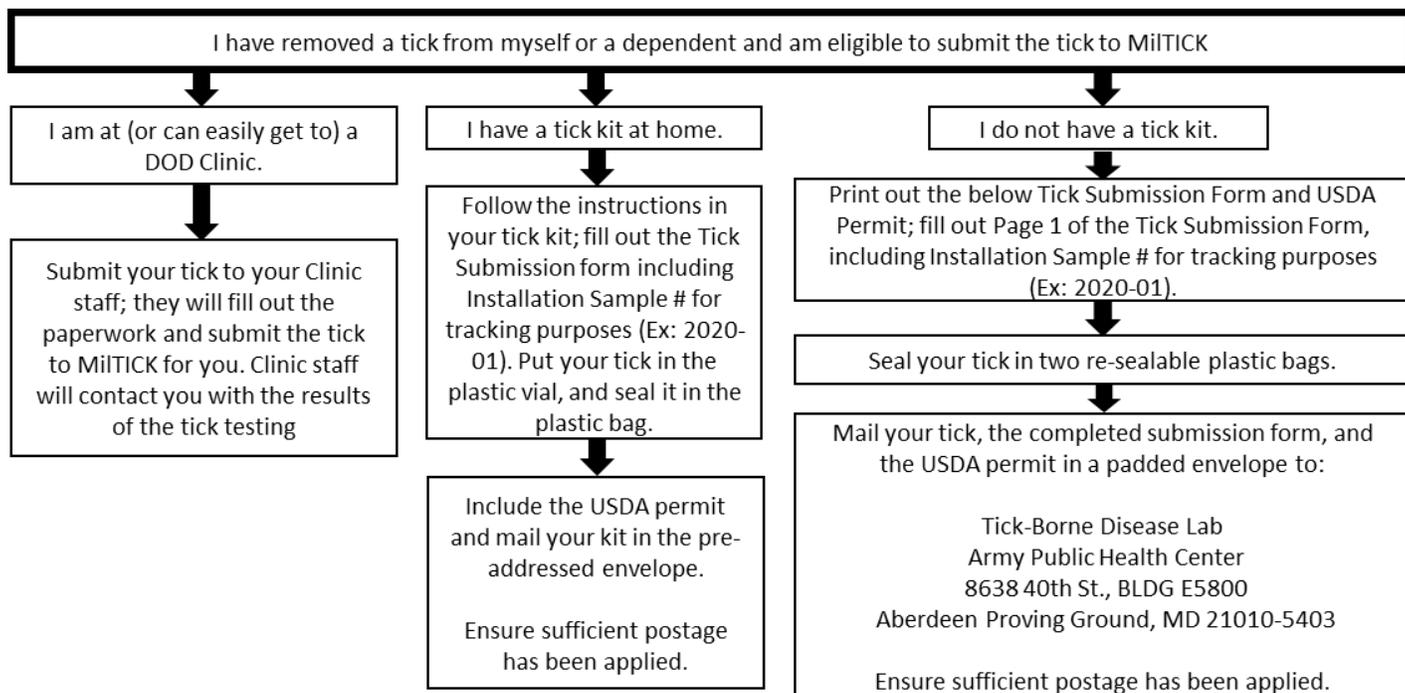
**Who can submit a tick?** Individuals in the following categories are eligible to submit ticks to MilTICK:

- ☑ **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



**MilTICK Tick Kit Contents**

**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:



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](mailto: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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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	
		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>				
Powassan virus disease (POWV)				
<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:**

**ROBYN NADOLNY, PhD**  
 Tick-Borne Disease Laboratory  
 Army Public Health Center  
 8638 40<sup>th</sup> St, BLDG E5800  
 Aberdeen Proving Ground, MD 21010-5403  
 DSN 584-5425 COM (410) 436-5425

PERMIT NUMBER  
132624  
Research

DATE ISSUED  
12/25/2019

DATE EXPIRES  
12/25/2020

**UNITED STATES VETERINARY PERMIT FOR IMPORTATION  
AND TRANSPORTATION OF CONTROLLED MATERIALS AND  
ORGANISMS AND VECTORS**

NAME AND ADDRESS OF SHIPPER(S)

Various shippers within...  
the United States and U.S. Territories

CC:  
Service Center, MD (Albany, NY)

NAME AND ADDRESS OF PERMITTEE INCLUDING ZIP CODE AND TELEPHONE NUMBER

Dr. Michael J Hartenstine  
U.S. Army Public Health Center  
5158 Blackhawk RD  
Aberdeen Proving Ground, Maryland 21010-5403  
410-436-5493

U.S. PORT(S) OF ARRIVAL  
TRANSPORT PERMIT

MODE OF TRANSPORTATION AIR

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 CHAPTER 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).

- o Adequate safety precautions shall be maintained during shipment and handling to prevent dissemination of disease.
- o With the use of this permit I, Dr. Michael J. Hartenstine, Permittee, 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 Permittee is the legal importer/recipient [as applicable] of regulated article(s) and is responsible for complying with the permit conditions. The Permittee 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.
- o \*\*\*Materials shall be consigned directly to the permittee address specified above.
- o 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

SIGNATURE Deborah Dufficy

*Deborah L. Dufficy*

TITLE  
Organisms and Vectors Permitting  
APHIS Veterinary Services

NO. LABELS

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

*Deborah L. Dufficy*

TITLE

Organisms and Vectors Permitting  
APHIS Veterinary Services