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). Put your tick in the plastic vial, and seal it in the plastic bag.
  - 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 5800
    - 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: ________________________________________________________________________________________________

POC EMAIL MUST BE INCLUDED FOR RESULTS REPORTING. IF NO EMAIL IS PROVIDED RESULTS REPORTING MAY BE DELAYED.

**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
- CADET
- 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:**

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

POC EMAIL MUST BE INCLUDED FOR RESULTS REPORTING. IF NO EMAIL IS PROVIDED RESULTS REPORTING MAY BE DELAYED.
### TICK IDENTIFICATION

<table>
<thead>
<tr>
<th>Species</th>
<th>Sex &amp; Stage</th>
<th>Engorgement</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult M/F</td>
<td>Nymph</td>
<td>Flat</td>
</tr>
<tr>
<td><em>Amblyomma americanum</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lone star tick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Dermacentor variabilis</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American dog tick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ixodes scapularis</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blacklegged tick (a.k.a. deer tick)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Amblyomma maculatum:</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gulf Coast tick</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### THIS TICK WAS TESTED FOR:  

<table>
<thead>
<tr>
<th>Pos</th>
<th>Neg</th>
<th>REMARKS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babesiosis (BAB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Babesia microti</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human granulocytic anaplasmosis (HGA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Anaplasma phagocytophilum</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme disease (LD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Borrelia burgdorferi</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ehrlichia ewingii</em> ehrlichiosis (EE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human monocytic ehrlichiosis (HME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Ehrlichia chaffeensis</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panola Mountain ehrlichiosis (PME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rocky Mountain spotted fever (RMSF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Rickettsia rickettsii</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tidewater spotted fever (TWSF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Rickettsia parkeri</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

PERMIT NUMBER
145138
Research

DATE ISSUED
04/09/2022
DATE EXPIRES
04/09/2023

NAME AND ADDRESS OF SHIPPER(S)
Various shippers within the UNITED STATES

CC:
Service Center, MD (Albany, NY)

NAME AND ADDRESS OF PERMITTEE INCLUDING ZIP CODE AND TELEPHONE NUMBER
Mr. Cory Casal
U.S. Army Public Health Center
5150 Blackhawk Rd
Abacore Proving Ground, Maryland 21220
410-436-5421

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

Ticks - (Whole and inactivated, or homogenized in extraction buffer): Blacklegged tick species, (Ixodes scapularis), Lone star tick (Amblyomma americanum), Gulf Coast tick (Amblyomma maculatum), American Dog Tick (Dermacentor variabilis)

RESTRICTIONS AND PRECAUTIONS FOR TRANSPORTING AND HANDLING MATERIALS AND ALL DERIVATIVES

THIS PERMIT IS ISSUED UNDER AUTHORITY CONTAINED IN 9 CFR CHAPTER 1, PARTS 334.35 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, Mr. Cory Casal, 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.

- Materials shall be consigned directly to the permittee address specified above.

- It is incumbent upon the permittee to uphold proper biosafety procedures and protocols to protect human and animal health as per institutional policy and recommendations published in Biosafety in Microbiological and Biomedical Laboratories, current edition.

- All studies must be conducted in ACL-2 (or higher) facilities.

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
Troy Riggle

TITLE
Organisms and Vectors Permitting
APHIS Veterinary Services

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)

- This permit DOES NOT authorize direct or indirect exposure of or inoculation into laboratory and domestic livestock, (including but not limited to: birds/poultry, cattle, sheep, goats, swine, and/or horses).

- Materials, derivatives, packaging, containers, and all equipment in contact with the imported products shall be sterilized or considered a biohazard and 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.

- This permit shall not be used to transport or import of any select agents (HHS AND USDA SELECT AGENTS AND TOXINS, 7 CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73).

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

SIGNATURE  Troy Bigelow

TITLE  Organisms and Vectors Permitting
APHIS Veterinary Services