



**NC Veterinarian Tick Identification Program Submission Form – Animal Shelters**

*This form is to be used by veterinary practices for the identification of tick species. Tick identification will be conducted by the North Carolina Division of Public Health, Communicable Disease Branch. This service is provided for surveillance purposes and should not be used for diagnostic purposes.*

**Please provide the following information regarding your tick submission:**

Name of animal shelter      Name of veterinarian/tech      Office phone number      Email Address

Date of collection      Name/ID # of animal      Animal species      Age      Sex      Breed

Home county of animal/shelter      Home zip code of animal/shelter

Has the animal traveled outside of its home county in the past two weeks? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Travel Start Date	Travel End Date	City, County, and State of Travel

Was a SNAP 4DX test done for this animal within the past six months?  Yes     No     Don't know

If No, was a SNAP test offered after tick noted/removed from patient?  Yes     No     Don't know

SNAP 4DX test result(s):  *A. phagocytophilum/platyis*     *B. burgdorferi*     *E. canis/ewingii*     No tickborne pathogens

Is this animal on tick prevention?  Yes     No     Don't know     Started at visit

If Yes, specify: \_\_\_\_\_ Last application: \_\_\_\_\_

Comments: \_\_\_\_\_

*(For state health office use only)*

Species	ID number	Desiccated/ Damaged	Engorged	# of females	# of males	# of nymphs	# of larvae	Total

**Submission Instructions**

1. Place tick in a water-tight container (e.g. Ziploc bag or plastic vial) with a paper towel/cotton ball doused with alcohol to prevent desiccation.
2. Fill out specimen submission form (above) for each submission and attach with specimen(s). Each animal host should have its own submission form.
3. Cut and keep these instructions.
4. Package specimen(s) and the submission form(s) carefully to avoid damage during shipment.
5. Use the prepaid postage envelopes provided for specimens in Ziploc bags or plastic vials. For larger containers, please mail them to:

**NC Veterinarian Tick Identification Program**  
c/o Dr. Alexis M Barbarin  
1902 Mail Service Center  
Raleigh, NC 27699-1902

6. Results will be returned via email.

For more information about tickborne disease surveillance in North Carolina or if additional envelopes are needed, please contact the Communicable Disease Branch at (919) 733-3419. Additional information about ticks and tickborne disease can be found at [www.cdc.gov](http://www.cdc.gov) or at our website at