



TICK BITE INFORMATION FORM

DATE: _____ SPECIMEN#: _____

INPUT BY:

Victim's name:		Age:	Sex:
Residence:			
(Number)	(Street)	(City)	(State Zip)
Parent/Submitter's Name(s):			
Home phone #		Work phone#	

Location of bite (eg. Neck):	Probable location where tick was picked up:
Date attached:	
Date removed:	Approximate time of attachment (in hours):

Tick species:	Stage /sex
<i>Ixodes pacificus</i> (Western Black-legged Tick)	
<i>Dermacentor variabilis</i> (American Dog Tick)	
<i>Dermacentor occidentalis</i> (Pacific Coast Tick)	
Other	

Submitted to:	Sonoma County PH Lab	Marin County PH Lab	IGenex(PCR)	Other:
Date submitted:	Identification Only:			