

Alameda County Department of Environmental Health Ronald Browder Director

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TICK BITE INFORMATION FORM

DATE:		SPECIMEN#:		
INPUT BY:				
Victim's name:			Age:	Sex:
Residence:				
	(Number)	(Street)	(City)	(State Zip)
Parent/Submitter Name(s):	'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):		
Г <u></u>				
Tick species:		Stage /sex		
Ixodes pacificus (Western Black-le	<u> </u>			
Dermacentor var (American Dog T				
Dermacentor occidentalis				
(Pacific Coast Tick)				
Other				
Submitted to:	Sonoma County PH Lab	Marin County PH Lab	IGenex(PCR)	Other:
Date submitted:		Identification Only:		