



CORNELL COOPERATIVE EXTENSION - SUFFOLK COUNTY



INSECT AND PLANT DISEASE DIAGNOSTIC LABORATORY

EDUCATION CENTER
423 GRIFFING AVENUE
RIVERHEAD, NY 11901
HORT INFO LINE 631.727.4126



Cornell University
Cooperative Extension
of Suffolk County

BAYARD CUTTING ARBORETUM
MONTAUK HWY. PO BOX 463
OAKDALE, NY 11769
HORT INFO LINE 631.581.4223

Tick Identification Submittal Form

Cost: \$5.00 per specimen (Place specimen in alcohol in a leak proof container)

PERSON TO SEND REPORT TO:	Date:	For Office Use Only
Name: Last:	First:	# of specimens:
Mailing address:		Amount paid:
City/Town:	County:	CCE Employee:
State:	Zip Code:	Phone #: ()
Send report to the following email address (You must PRINT CLEARLY): _____ @ _____		

TICK COLLECTED FROM HUMAN

Date Specimen Collected:

WAS THE TICK COLLECTED/REMOVED FROM A HUMAN? <input type="checkbox"/> YES <input type="checkbox"/> NO SEX: <input type="checkbox"/> M <input type="checkbox"/> F AGE:		
Name: Last:	First:	
Mailing address:		
City/Town:	County:	
State:	Zip Code:	Phone #: ()

TICK COLLECTED FROM ANIMAL

Date Specimen Collected:

WAS THE TICK COLLECTED/REMOVED FROM AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO DOG: <input type="checkbox"/> CAT <input type="checkbox"/> OTHER:		
Owners Name: Last:	First:	
Mailing address:		
City/Town:	County:	
State:	Zip Code:	Phone #: ()

RECENT TRAVEL HISTORY:

HAS THE PERSON OR ANIMAL TRAVELED WITHIN THE LAST MONTH? <input type="checkbox"/> YES (Describe below) <input type="checkbox"/> NO (Local/Suffolk Co. Only)
If the person or animal has traveled within the last month describe the location and give dates of travel:

If needed use this space for additional information: _____

