

NAPA-SOLANO-YOLO-MARIN COUNTY PUBLIC HEALTH LABORATORY

LAB#

TICK IDENTIFICATION – LYME DISEASE TESTING

PATIENT DEMOGRAPHICS-PLEASE PRINT CLEARLY

PATIENT LAST NAME (APPELLIDO)	FIRST (NOMBRE)	BIRTHDATE (FECHA DE NACIMIENTO)	<input type="checkbox"/> MALE (MASCULINO) <input type="checkbox"/> FEMALE(FEMENINA)
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PHONE # (# TELEFONO)	FAX #
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ADDRESS (DIRECCIÓN)	PATIENT –CHART ID # (# DE ARCHIVO DEL PACIENTE)
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DATE TICK FOUND (FECHA DEL DESCUBRIMIENTO DE LA GARRAPATA)	PHYSICIAN’S NAME (OPTIONAL) PHONE NUMBER _____
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INSTRUCTIONS: TICKS SHOULD BE KEPT MOIST WITH A SMALL PIECE OF DAMP PAPER TOWEL (NO ALCOHOL) AND PUT INSIDE A SECURE CONTAINER SUCH AS A ZIP LOCK BAG.

BILLING INFORMATION

****FEE \$34.00** MAKE CHECKS (*NO CASH*) PAYABLE TO **PUBLIC HEALTH LAB**
OR CALL PUBLIC HEALTH LAB TO PAY BY CREDIT CARD AND ENTER THE INFORMATION BELOW
CREDIT CARD RECEIPT #: _____ DATE: _____**

PATIENT CLINICAL HISTORY AND LYME DISEASE EXPOSURE, COMPLETE ALL QUESTIONS

ON WHOM WAS TICK FOUND? **PERSON** **PET (TYPE _____)**
IF FOUND ON BODY, PLEASE STATE LOCATION: (UNDERARM, NECK, LEG ETC.) _____.
HOW LONG WAS TICK ATTACHED?: _____.
PLACES (TOWNS, CITIES, STATES, CAMPING AREAS, WOODED AREAS) PERSON MAY HAVE BEEN IN THE LAST WEEK, WHERE TICK MAY HAVE BEEN ACQUIRED:

PERSON TO CONTACT OR REPORT TO IF OTHER THAN PATIENT (NAME, ADDRESS, PHONE OR FAX NUMBER)

**IF TICK TEST IS POSITIVE, RESULTS WILL BE IMMEDIATELY COMMUNICATED BY PHONE CALL.
NEGATIVE (NORMAL) RESULTS WILL BE SENT BY MAIL TO THE ADDRESS PROVIDED.**

DO NOT WRITE BELOW THIS LINE, THIS AREA FOR TESTING RESULTS ONLY

TICK IDENTIFICATION (TICK) **IXODES PACIFICUS** **DERMACENTOR SPECIES** _____

COMMENT: _____

ALIVE **DEAD** **ADULT** **NYMPH** **LARVA** **MALE** **FEMALE** **MOUTHPARTS:** **INTACT** **MISSING**

ENGORGED WITH BLOOD

LYME ANTIGEN DETECTION TEST RESULTS (IFA): **NOT ENGORGED WITH BLOOD**

NO ORGANISMS RESEMBLING BORRELIA BURGDORFERI FOUND (NEGATIVE)

ORGANISMS RESEMBLING BORRELIA BURGDORFERI FOUND (POSITIVE)

UNSATISFACTORY **COMMENTS:**

RESULTS: MAIL / PHONE **DATE:** **TIME:** **MICROBIOLOGIST:** _____