



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

**Governor Asa Hutchinson**

**Nathaniel Smith, MD, MPH, Director and State Health Officer**

## Tick Specimen Submission Form

Please use precautions such as gloves when transferring and packaging specimens. Only one vial / container should be used per host / collection method from which ticks are collected. Package specimens using the vials provided or another appropriately sized rigid container that will not be damaged during transportation. Make sure to write the specimen label on the vial / container with indelible ink to ensure proper data entry (instructions below). The vials provided contain alcohol for specimen preservation. Please make sure that the vial lid is secure before shipping, and to be careful when packaging specimens so as to not spill alcohol. If packaging specimens in a container other than the provided vials put a damp paper towel in the container with the specimen and tape shut. After specimens are secured, place the container into a zip lock bag and package with the submission form. Specimens can be taken to any Local Health Unit for shipping. Use the following data to create the Specimen Identification Number:

- 1.) County – Name of the county where the tick was collected
- 2.) Date – Date collected, formatted as mm/dd/yyyy
- 3.) Name – Last name of the collector.
- 4.) Vial / Container number – If collecting from more than one source (method / host) then the first host and or collection repetition is 1, second is 2 and so forth.

Example ID: Pulaski01012017Theuret1 – Specimen collected from Pulaski county on January 1, 2017 by Theuret and was the first vial / container filled.

Complete the following and include with specimen:

Submitter Information			
Name:		Phone:	
Email:			
Address where collection occurred:			
City:	State:	County:	Zip:
Latitude (##.#####):		Longitude (##.#####):	
Date Collected:		Date Submitted:	
Method of collection:		e.g. removed from host, tick drag, tick trap, etc.	
Does this submission contain multiple ticks from the same host?		Yes	No
If collected from host, what type?		e.g. human, deer, dog, etc.	
Specimen Identification Number:			
Local Health Unit Staff Information			
Name:		Title:	

Phone:	Email:
Courier Code:	
Comment(s):	

If specimen collected at a veterinary clinic, please fill out additional information:

Clinic Name:				
Has the animal travelled outside of home county in the past two weeks?		Yes		No
		<b>If yes, please fill out travel information below</b>		
Travel start date:	Month:	Day:	Year:	
Travel end date:	Month:	Day:	Year:	
Travel Location:	City:	State:	County:	Zip:

For any questions or concerns, please contact us:

<b>Don Fiegel</b> Env. Program Coordinator Don.Fiegel@arkansas.gov Office: 501-682-4998 Cell: 501-553-6826	<b>David Theuret</b> Entomologist David.Theuret@arkansas.gov Office: 501-614-5358 Cell: 501-353-5781	<b>Arkansas Dept. of Health</b> Zoonotic Disease Section 4815 W. Markham St. Slot 62 ADH.Zoonotic@arkansas.gov Office: 501-280-4384 Fax: 501-280-4431
--	--	--