



**Cornell University**  
 Cooperative Extension  
 Rockland County

10 Patriot Hills Drive  
 Stony Point, NY 10980  
 Phone: (845) 429 - 7085  
 Fax: (845) 429 - 8667  
 www.cce.cornell.edu/rockland/

# Tick Identification

## \$7.00

Cornell Cooperative Extension will identify your tick to species, life stage and level of engorgement (expansion due to feeding). We **DO NOT** test for Lyme Disease. New York State Department of Health no longer recommends this test.

The quality of your specimen is critical for receiving accurate information. Old, broken specimens are difficult, and sometimes impossible to identify. **Do not use** tape or sticky materials; these will damage your specimen. Be sure to use a clean, tightly closed, crush-proof container. Sealed ziplock bags inside a box, padded or bubble-wrap envelope are acceptable. **Live ticks cannot be mailed.**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Date Tick was Collected \_\_\_\_\_

Person Exposed to Tick (if different from above) \_\_\_\_\_

**Background Information (Optional)**

Age of person exposed to tick \_\_\_\_\_

How long do you think the tick was attached? \_\_\_\_\_

Where do you think the tick was acquired? \_\_\_\_\_

Was the tick found on a pet? \_\_\_\_\_

Comments: \_\_\_\_\_

**Laboratory Use Only**

**Species:** *I. scapularis* \_\_\_\_\_ *D. variabilis* \_\_\_\_\_ *A. americanum* \_\_\_\_\_

Other \_\_\_\_\_

Date Received _____
Date Finished _____
Called _____
Sent F.S <input type="checkbox"/>

**Stage:** Female \_\_\_\_\_ Male \_\_\_\_\_ Nymph \_\_\_\_\_ Larva \_\_\_\_\_      **Engorged:**      **N**      **P**      **F**      Oct. 10

*Building Strong and Vibrant New York Communities*