



Tick Identification Submission

To assist healthcare providers in making treatment decisions, Dutchess County offers free tick identification as part of their Tick-borne Disease program. Ticks are only identified, and are not tested.

How to Remove the Tick and Prepare it for Identification

- Grasp tick with fine tipped tweezers as close to your skin as possible – Steadily pull directly out. Note: Barbed mouth parts may not be easily removed.
- Clean the bitten area with soap and water.
- Place the tick in a small bottle with 70% alcohol & mail or hand deliver **with the completed submission form to:**

Communicable Disease Control Division
 Department of Behavioral & Community Health
 85 Civic Center Plaza – Suite 106
 Poughkeepsie, NY 12601

You must fill out all three sections of this form, in its entirety, to be processed - including healthcare provider name and contact information of the person bitten. Results will be communicated to you by phone, typically in 1-2 business days after we receive the tick. Your healthcare provider will receive a copy of the results in the mail.

Contact Information (of the person bitten)

Name: _____ Date of Birth: _____ Age: _____ Gender: Male / Female

Parent/Guardian (if applicable): _____

Address: _____ City/Town/Village: _____ Zip: _____

Phone (Home) _____ (Mobile) _____ Email: _____

Information About the Tick

Date the tick was found and removed _____ Date you think the bite occurred _____

Where were you when you were bitten? City/Town/Village _____

If outside of New York, which state? _____ If outside the U.S., which country? _____

Was the tick attached to you when you found it? Yes No If yes, which part of your body? _____

Your Healthcare Provider Information

Name of provider or practice: _____

Address: _____ City/Town/Village: _____ Zip: _____

Phone: _____ Fax: _____