

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)	DATE TICK FOUND (FECHA DEL DESCUBRIMIENTO DE LA GARRAPATA)
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PHYSICIAN'S NAME (OPTIONAL) PHONE No: _____	PATIENT CHART ID # (# DE ARCHIVO DEL PACIENTE)
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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 \$35.00** MAKE CHECKS (*NO CASH*) PAYABLE TO **PUBLIC HEALTH LAB**
OR TO PAY BY CREDIT CARD, GO TO:
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: _____