

Non-Veterinary Tick Submission Form



Animal Health Diagnostic Center
 College of Veterinary Medicine, Cornell University
 In Partnership with the NYS Dept. of Ag & Markets

US Postal Service Address: PO Box 5786
 Ithaca, NY 14852-5786

FedEx/UPS Service Address: 240 Farrier Rd.
 Ithaca, NY 14853

AHDC Contacts
 Phone: 607-253-3900
 Fax: 607-253-3943
 Web: ahdc.vet.cornell.edu
 Email: diagcenter@cornell.edu

LAB USE ONLY
AHDC Accession No. / Date

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC CENTER AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS.

PLEASE COMPLETE ALL FIELDS, PRINT LEGIBLY, AND ENTER ONLY ONE SUBMITTER PER FORM

AHDC acct No. 128439	Submitter Account No.
NON-VETERINARIAN TICK SUBMISSIONS	Submitter:
ANIMAL HEALTH DIAGNOSTIC CENTER	Address:
240 FARRIER ROAD	City: _____ State: _____ Zip: _____
ITHACA, NY 14853	Phone No: _____ Fax No: _____
Phone No. (607) 253-3900 Fax No. (607) 253-3943	Email: _____

Please select how you wish to receive results based on the information you provided above:
 Fax
 Email
 Postal Service

- Up to 6 ticks removed from a single person/animal/environmental location may be submitted together for one fee.
 - Please use additional forms for ticks removed from different individuals/locations – each form submission incurs an additional fee.
 - Submitted ticks will be identified, and if determined to be Black-legged or Deer tick (*Ixodes scapularis*), will be further tested for both Lyme Disease (*Borrelia burgdorferi*) and Anaplasmosis (*Anaplasma phagocytophilum*).
 - Results will be reported within 5 to 7 business days.
 - DO NOT WAIT FOR RESULTS OF THIS TESTING TO CONSULT A PHYSICIAN REGARDING POSSIBLE TREATMENT.**
- POSITIVE RESULTS DO NOT NECESSARILY INDICATE THAT AN INFECTION HAS BEEN TRANSMITTED.**

Price	Number of Ticks	Please check one	Patient ID: Tick	Date Tick Collected
\$100		<input type="checkbox"/> Removed from person <input type="checkbox"/> Removed from animal <input type="checkbox"/> Tick(s) found in environment	Specimen: Tick Species: Invertebrate Test Code: PID, MDDIS <small>AHDC USE ONLY</small>	

City, Town, County, or Address where tick may have attached: _____

Additional Information: _____

Ticks may be dropped off at the Animal Health Diagnostic Center, 240 Farrier Road, Ithaca NY or mailed following these guidelines:

- Place ticks to be tested in a vial or other small plastic container and place container in a zipper lock bag.
- Place completed tick form and [Credit Card Authorization Form](#) in a separate zipper lock bag.
- NOTE: Payment MUST accompany sample and testing will not be done until payment is confirmed.**
- Package both bags in a rigid out box (not a padded envelope) and seal.
- Place [UN3373, Biological Substance Category B label](#) on outside of box.
- Ship to appropriate delivery service address above.
- For more details, see <https://ahdc.vet.cornell.edu/programs/tick/public.cfm>

AHDC USE ONLY	<input type="checkbox"/> FEDEX <input type="checkbox"/> MAIL	DATE REC'D _____	<input type="checkbox"/> FROZEN <input type="checkbox"/> DRY ICE
OPENED BY:	<input type="checkbox"/> FEDEX-GRND <input type="checkbox"/> PRI MAIL	TIME REC'D _____	<input type="checkbox"/> RM TEMP <input type="checkbox"/> COLD PACK
	<input type="checkbox"/> UPS-GRND <input type="checkbox"/> EXP MAIL	DATE SHIPPED _____	<input type="checkbox"/> COOL <input type="checkbox"/> NONE
	<input type="checkbox"/> UPS-ND <input type="checkbox"/> OTHER _____		<input type="checkbox"/> COLD <input type="checkbox"/> COMMENT _____