

Arkansas In-State Tick Testing Order Form



University of Arkansas for Medical Sciences

Please note that this is not a diagnostic service intended for use in making clinical decisions.

If you have a tick that you have saved for testing because you are concerned about contracting a pathogen after a bite, we encourage you to keep this tick for future diagnostic testing and do not submit it to us.

Complete this form, print it, and mail with the samples to:

Jon Blevins, Associate Professor
University of Arkansas for Medical Sciences
Dept. of Microbiology and Immunology
4301 West Markham - Mail Slot 511
Little Rock, AR 72205

If you want to drop off your ticks at UAMS, refer to information on our website or Facebook Page;

- <http://mbim.uams.edu/arkansas-tick-borne-pathogen-surveillance-program/>
- <https://www.facebook.com/ARTickTesting/>

Submission instruction:

1. Place tick(s) in a small ziploc bag with a moist cotton ball or piece of wet paper towel and seal the top of the bag with tape. Multiple ticks can be combined in a single bag if they all have the same history (e.g.; similar collection site/date, collected from same animal, etc.).
2. Complete this form.
3. Place the baggie and this form in an envelope and ship to the address above. A non-padded envelope can be used for unfed or partially fed ticks. Fully engorged ticks will require a padded envelope.

Please complete the following:

Full name: _____

Email address: _____

Date tick(s) found: _____ Time of day: _____

Where was the tick found?

City: _____ County: _____ State: AR

GPS Coordinates, if possible (longitude/latitude): _____

Where was the tick found (e.g., on yourself, on your clothing, pet, or somewhere else)?

If the tick was found on someone's skin, was it embedded (e.g., did it have to be physically pulled out of your skin)?

If the tick was found on a pet, was it embedded in the pet's skin (e.g., did it have to be physically pulled out of the skin)?

Additional information:

Disclaimer and Waiver of Liability:

By sending you this tick, I _____ release the University of Arkansas Board of Trustees, University of Arkansas for Medical Sciences, the Department of Microbiology and Immunology, and their staff and employees of any liability with regards to the outcome of testing or any findings in perpetuity.

The laboratory of Dr. Jon Blevins at the University of Arkansas for Medical Sciences will test the tick(s) I submit for the presence of DNA associated with disease-causing pathogens. These tests are not intended to provide clinical diagnosis of disease and they should not be interpreted as a substitute for clinical testing or consultation with a physician. Dr. Blevins' laboratory does not practice medicine and cannot provide medical advice. Tick tests provide an assessment of a tick's infection status, which is one factor in determining risk of exposure to disease causing microbes.

Results from my tick test will be used to determine the timing, location, abundance, and infection status of ticks. Accordingly, this information will be shared with the public and health agencies that may request it. The shared data is completely anonymous. The University of Arkansas for Medical Sciences protects the identity of the individual bitten by or submitting the tick. Information about the bite victim and/or submitter is used only for the purpose of communicating results.

Signature: _____ **Date:** _____

For additional information or questions, contact us by e-mail at: ARTickTesting@uams.edu or go to our website: <http://mbim.uams.edu/arkansas-tick-borne-pathogen-surveillance-program/>