

FOR INTERNAL USE ONLY

Date Received: _____ Received By: _____ Lab No: _____

Attachment: _____ Tick Species: _____

Northeast Wildlife DNA Laboratory - Tick Submission Form

570-422-7892

Please place tick in a zip locked bag, fill out form and mail to:

Northeast Wildlife DNA Laboratory
562 Independence Rd., Suite 114
East Stroudsburg PA, 18301

| Deer Tick Panel | American Dog Tick Panel | Lone star Tick Panel |
|--|--|---|
| Lyme disease (<i>B. burgdorferi</i> *, <i>B. mayonii</i>) | Lyme disease (<i>Borrelia burgdorferi</i> *) | Lyme disease (<i>Borrelia burgdorferi</i>) |
| Anaplasmosis (<i>A. phagocytophilum</i> *) | Tularemia (<i>Francisella tularensis</i> *) | STARI (<i>Borrelia lonestari</i> *) |
| Babesiosis (<i>B. microti</i> *, <i>Babesia</i> sp.) | Ehrlichiosis (<i>E. chaffeensis</i> *, <i>E. ewingii</i>) | Ehrlichiosis (<i>E. chaffeensis</i> *, <i>E. ewingii</i>) |
| <i>Borrelia miyamotoi</i> | Rocky Mountain Spotted fever (<i>Rickettsia</i> sp.) | Tularemia (<i>Francisella tularensis</i> *) |
| Bartonella (<i>Bartonella</i> sp.) | Bartonella (<i>Bartonella</i> sp.) | <i>Borrelia miyamotoi</i> |
| Mycoplasma (<i>Mycoplasma</i> sp.) | Mycoplasma (<i>Mycoplasma</i> sp.) | Mycoplasma (<i>Mycoplasma</i> sp.) |
| <i>Rickettsia endosymbiont</i> | | Rocky Mountain Spotted fever (<i>Rickettsia</i> sp., <i>R. amblyommii</i>) |

Please Select the Type(s) of PCR Analysis Required (Check All That Apply):

Identification of the species, and level of engorgement life stage of the tick submitted is included in all test

_____ **\$50 – Lyme disease Test** – Test for the presence of *Borrelia burgdorferi*

_____ **\$50 – Powassan virus Test** – Test for the presence of Powassan virus Lineage II (Deer tick virus)

_____ **\$125 – Triple Test Option** – Test for the three most common pathogens your tick can transmit
(Test indicated by asterisk in Table Above*)

_____ **\$175 - Diagnostic Panel** – Tests for the presence of the main pathogens transmitted by your tick species (See Table Above)

_____ **\$25 – Rush Services** – Turn around within 2 business days (48 hours)

_____ **TOTAL**

Payment Types Accepted: Check, Cash, Credit Card (Visa, Discover & MasterCard)

| | |
|--|--|
| <p style="text-align: center;">_____ Cash Please enclose the exact amount</p> <p style="text-align: center;">_____ Check Make Checks Payable to: “East Stroudsburg University” Check Number _____.</p> | <p style="text-align: center;">_____ Credit Card (Visa, MasterCard, Discover) Card Number _____</p> <p style="text-align: center;">Security Code _____ Expiration Date _____</p> <p style="text-align: center;">Signature _____</p> |
|--|--|

Please carefully fill out the below section with your personal information so we can contact you promptly with the results of your tick test

| Your Contact Information | | Tick Survey Information | |
|--------------------------|--|-------------------------|--|
| Name: | | State: | |
| Address: | | County: | |
| City & State: | | Township: | |
| Zip: | | City: | |
| Phone: | | Comments: | |
| Email: | | | |

Services are provided by the Northeast Wildlife DNA Laboratory in accordance with their standard procedures, terms and conditions. Test turn-around is typically 3 business days and within 2 business days for rush services. You will be notified with a positive or negative result. The tick is tested for an infectious agent using DNA-PCR analysis. Prices are subject to change without notice. Ticks may be submitted that have been found on or removed from either humans or animals. Ticks can be submitted dead or alive. The result of the test confirms the presence or absence of the pathogen in the tick but does not confirm exposure to the patient. The result is intended to provide you and your physician or veterinarian with important information, when combined with other information, to help determine risk of exposure and subsequent clinical treatment and follow-up.