



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Director and State Health Officer

Tick Specimen Submission Form

This document outlines the basic procedures for submitting tick specimens at Local Health Units (LHUs) for pathogen testing. Pathogen testing may not be completed in a timely fashion and is done for surveillance purposes and not for diagnosis of illness in humans or animals. Ticks should be packaged using the vials provided in the tick collection kit. The vials contain alcohol for specimen preservation. Multiple ticks collected from the same host / collection method can be placed into one vial. After the specimen(s) are placed into a vial, reseal in the plastic bag provided in the tick kit. Ensure the lid of the vial is secure when packaging specimens so as to not spill alcohol. If packaging specimens in a container other than the provided vials use an appropriately sized rigid container with a damp paper towel.

Write the specimen identification number on the vial / container with indelible ink to ensure proper data entry (instructions below). Place the sealed plastic bag with the vial into a pre-labeled manila envelope for submission. Extra labels are included in the kit. Use standard precautions when transferring and handling ticks.

Complete the following and include with the specimen(s). The submitter should fill in the submitter and specimen information sections. The remaining section should be completed by the LHU staff.

Submitter Information			
Name:		Phone:	Email:
Nearest address where collection occurred:			
City:	State:	County:	Zip:
Latitude (##.#####):		Longitude (##.#####):	
Specimen Information			
Date Collected:		Date Submitted:	
Method of collection:		e.g. removed from host, tick drag, tick trap, etc.	
Does this submission contain multiple ticks from the same host?		Yes	No
If collected from host, what type?		e.g. human, deer, dog, etc.	
Specimen identification number:		(County)+(Date)+ (Last Name) + (Vial/Container Number) e.g. Specimen collected from Pulaski county on January 1, 2019 by David Theuret and was the first vial / container filled is Pulaski01012019Theuret1	
LHU Staff Information			
Name:		Title:	
Phone:		Email:	

Comment(s):

If the specimen(s) were collected at a veterinary clinic, please fill out this information in addition to the above sections.

Clinic Name:					
Has the animal travelled outside of home county in the past two weeks?		Yes		No	
		If yes, please fill out travel information below			
Travel start date:	Month:	Day:		Year:	
Travel end date:	Month:	Day:		Year:	
Travel Location:	City:	State:	County:	Zip:	

Shipping Instructions for LHU Staff

Specimens received at LHUs should be delivered to Dr. Ashley Dowling at the University of Arkansas, Fayetteville. This can be accomplished through the ADH Courier Service, using the shipping information below:

Fayetteville LHU
 Courier Code: **72F**
 Attn: Dr. Ashley Dowling
 Tick Specimens

For any questions or concerns, please contact us:

David Theuret
 Entomologist
 David.Theuret@arkansas.gov
 Office: 501-614-5358
 Cell: 501-353-5781
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