Tick Submission Form

Only for residents of San Joaquin County (cities and County)

Information on Person	n Submitting Tick (To Whom the Rep	oort Will Be Sent):	
Name:		Telephone Number:		
Email:		Address:		
City:	State:	Zip:		
Information on Person	n Bitten by Tick:			
Name:		Age:	Gender: M_	F
Date tick was removed:		Number of	ticks included:	
Part of body where the	tick was found:			
Address in which the ti	ck was acquired:			
Street:		City:	State:	Zip:
Submission Guideline				
San Joaquin Co 7759 South Air Stockton, CA 9		ector Control Distri	ct	
Submission Guideline	•			
	clude all the informate tand improve our tie		e. This information wgram.	vill be important for
tight-fitting lid.		to process than ticl	•	r plastic vial with a ol. Please package the
those which are		ners; ticks mounted	ollowing: plastic film on glass slides; Ticks	
results. Phone i	nquiries are availabl	le if you don't recei	Please wait for writte ve the results in two n engorged <i>Ixodes pa</i>	weeks after
For SJCMVCD office	use only			
Processing Date:	Samp	ole Code:	Submission t	ype:
Species:	Engorg	ged?	Gender:	Stage: