



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Diagnostic Laboratories

Bureau of Diagnostic Laboratories
Bronson Animal Disease
Diagnostic Laboratory
Tick Identification Program
2700 N. John Young Parkway
Kissimmee, FL 34741-1266
Office: 321-697-1400
Fax: 321-697-1467

TICK IDENTIFICATION SUBMITTAL

570.36, 585.145, Florida Statutes
5C-9, Florida Administrative Code

www.FDACS.gov/BADDL

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

SUBMITTER

Name _____
Address _____
City _____ State _____
Zip Code _____ County _____ District _____
Phone _____ Fax _____
Email _____

COLLECTOR:

Name _____
Phone _____ Fax _____

COLLECTION INFORMATION

From Animal Drag Cloth Dry Ice Other _____

Location (Physical location or GPS) _____

Area Conditions: *Check all appropriate*

Pasture Barn Pen Field Wooded Grass Wet Dry Structure
Other _____

HOST ANIMAL OR ANIMALS: _____

TICK LOCATION: Was the tick attached? **No** **Yes** (If so, please describe where?)

SPECIMENS: Number of Specimens: _____ Date Collected: _____

COMMENTS:

Submit Specimen in a leak-proof container in 70% Alcohol and send to:

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