

ST. MARY'S REGIONAL MEDICAL CENTER  
LEWISTON, ME

**TICK SUBMISSION FORM**

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date tick found: \_\_\_/\_\_\_/\_\_\_

Was the tick attached when found?  Yes  No

Body part tick attached to: \_\_\_\_\_

Associated symptoms?  
\_\_\_\_\_

Please fill out form and submit to the laboratory with Tick for identification.