

# Tick Collection Data Sheet

Please complete the tick collection data sheet with all the requested information.

YOUR NAME: \_\_\_\_\_

EMAIL ADDRESS (If available): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TICK COLLECTION DATE: \_\_\_\_\_

LOCATION WHERE THE TICK WAS COLLECTED:

CITY/COUNTY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF TICKS COLLECTED: \_\_\_\_\_

Please place the data sheet inside an envelope together with the tick collected and address the envelope to:

**TICK INSIDERS**  
**901 West State Street**  
**West Lafayette, IN 47907**

Note: If possible, please send the ticks within 24h of collection to ensure better preservation of the sample.