San Mateo County Public Health Laboratory 225 37th Avenue, Room 113 San Mateo, CA 94403 Tel: 650-573-2500 | Fax: 650-573-2147 | smchealth.org Shantelle Lucas Ph.D, HCLD (ABB) Laboratory Director



ARTHROPOD/INSECT TEST REQUEST FORM

Submitted by: Person Bitten:		Date Collected:/		
				Address:
City, State:		Zip Code:		
Tel. #		FAX#	FAX#:	
Geographical Loc	cation Where Tick Was	Acquired (Area, Cou	inty, State, Etc.)	
Result:		Billing Private citizens: please information.	information e send check or credit card	
Send Report to (Full Address)		Bill to (Name of Person/Organization)		
As above □				
Email:		Credit card#: Exp date:		
For Lab staff use	only:			
Payment Receive By		Date:		
Cash □	Check#	Credit Card □	Debit Card □	