1. If bitten, **remove the tick** using a tick key or tweezers pulling straight up and away from the skin. Do not twist or squeeze an embedded tick as that may inject the potentially infectious contents of the tick’s stomach into your body.

2. **SAVE THE TICK** in a baggie and contact TickReport, Ticknology or IGeneX Lab for testing. Though not foolproof, this is the best way to determine if your tick carried diseases.

3. **Call a Lyme-literate doctor (LLMD/LLND)** and make an appointment. Do not wait for tick test results. Many have immediate openings for those with a potential new infection. The LLMD/LLND will help you weigh the benefit of antibiotics* or other treatment. Geography, how long the tick was attached, the season, and the tick’s life stage may be considerations in determining your protocol for testing and treatment.

   **LLMD/ LLND referrals:**
   - Global Lyme Alliance
   - International Lyme and Associated Diseases Society (ILADS)
   - LymeDisease.org
   - Project Lyme

   *(Note: LymeLight Foundation does not provide recommendations for treatment – please be sure to discuss the option of treatment (a 4-6 week course of antibiotics) with your practitioner. (See ILADS Treatment Guidelines)*

4. **Stay Vigilant.** With an early Lyme infection, antibodies may not have had time to develop in your body. Therefore, a blood test at this time may appear negative. You may have Lyme disease even with a negative test result. **Monitor your symptoms:** fatigue, headaches, muscle pain, arthritis in any joint, neurological symptoms such as numbness, tingling, nerve pain and weakness, heart problems, psychiatric disorders, difficulty with thinking, memory, language and math skills, as well as problems with vision and hearing.

5. **Be your own advocate.** Do not rely on Urgent Care, your local doctor, or an infectious diseases specialist to treat you. In many of cases, the current treatment guidelines lead to undertreatment – and chronic illness. Learn about Lyme disease and trust your body and your gut instinct.