

Surveillance Form for Tick Identification

ALL Sections of this form must be completed at every visit

NOTE:

- Public Health Ontario’s laboratory does not return back to sender any specimen submitted for tick identification.
- Tick testing and data collected from submitted ticks will be used for surveillance activities. As per Infectious Disease Society of America (IDSA) guidelines, tick testing should not be used for diagnosis and management of Lyme disease.
- PHO does not perform tick testing on ticks removed from non-human sources (e.g., dogs).

Submitter

Name / Facility / Clinic Name:

Address, City & Province and Postal Code:

Clinician first name / Surname and OHIP / CPSO Number:

Telephone:

Fax:

Client Information

Date of Birth:

Sex:

Male

Female

Last Name:

First Name:

Phone number:

Address:

City:

Postal code:

Submitter lab no. (if applicable):

Public Health Unit Investigation No.:

Tick Information

***The information in fields a) and b) is mandatory** and is essential to the tick surveillance program. Failure to provide this information may result in delays and/or rejection of the tick for testing.

a) *Where was the tick most likely acquired (Be as specific as possible, e.g., town, park, province, or city):

Province:

Town:

Other:

b) Did you travel in the previous two weeks? (Check one)*:

Yes

No travel

Unknown

If yes, which localities were visited? (Be as specific as possible, e.g., town, park, province, or city):

Please indicate all travel locations:

c) When was the tick collected or removed? (yyyy/mm/dd):

d) Was the tick attached (feeding)

Yes

No

Unsure

e) How long was the tick attached (feeding) [hours or days]: