



Submission Form: Passive Surveillance for Blacklegged Ticks

Please find enclosed _____ tick(s) sent to you for species determination and possible detection of the disease-causing agents.

Specimen number (if applicable): _____

Type of animal the tick was found on: _____
(E.g. – **human**, dog, cat, other)

Patient/Owner name: _____

Parent/Guardian name (if applicable): _____

Patient/Owner telephone number: _____

Patient/Owner Address including
911 Emergency Locator Number (blue sign): _____

City/Town and Postal Code: _____

Township: _____

***Probable geographic locality of acquisition:** _____
(*E.g. – specific town, city or park)

Location of travel (if any, in past 2 weeks): _____

Date Specimen was collected: _____

Was the tick attached? / Specify the area of the
body where the tick was removed: _____

If yes, how long was it attached / feeding for: _____

Final Results to be copied to:

Tick Submitted by -:

PHAC Use Only	
Identification Number:	_____
Tick Species:	_____ No: _____
Stage:	_____ Engorgement: _____
Condition:	_____
Identified By:	_____
Date:	_____