



Field Studies -Zoonotic Diseases and Special Pathogens
National Microbiology Laboratory
1015 Arlington Street
Winnipeg, Manitoba R3E 3R2

Submission Form: Passive Surveillance for Blacklegged ticks

Please find enclosed _____ tick(s) sent for identification and possible testing.

Specimen number (if applicable): _____

*Type of animal the tick was found on: _____

(E.g.- human, dog, cat, other)

*Patient / Owner's name or Identification No.: _____

*Where was the tick most likely acquired? _____

(Be as specific as possible e.g. town / city, municipality, provincial park, etc.)

* Travel in past 2 weeks (check one):

No Travel

Don't know

Yes

If yes, which localities were visited? _____

(Be as specific as possible e.g. city/ town/ province, etc.)

* Date the tick was collected or removed: _____

DD-MM-YYYY _____

Was the tick attached (feeding)? _____

Tick submitted by: _____

Report to be sent to: _____

Office Use Only

Identification No: _____

Tick Species: ----- No.: ----

Stage: ----- Engorgement: -----

Condition: _____

Identified by: -----

Date: _____

*The information in these fields is mandatory and is essential to the tick surveillance program. Failure to provide this information may result in delays in diagnostic testing and in extreme cases, rejection of the specimen for testing.

