

For laboratory use only

Date received

PHOL No.

yyyy / mm / dd

Surveillance Form for Tick Identification

NOTE: Tick testing 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.

ALL Sections of this form must be completed

Submitter
Courier code
<p>Provide Return Address:</p> <p style="margin-left: 40px;">Name Address City & Province Postal Code</p>
Clinician initial / Surname and OHIP / CPSO Number
Tel: _____ Fax: _____

Client Information	
Date of Birth: yyyy / mm / dd	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name: (per health card)	First Name: (per health card)
Phone number: (AREA CODE) ###-####	
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) _____ (state hours or days)

PHO does not perform tick testing on ticks removed from non-human sources (e.g., dogs).

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 and will be used for surveillance and other public health purposes. If you have questions about the collection of this personal health information please contact the PHOL Manager of Customer Service at 416-235-6556 or toll free 1-877-604-4567.