

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

Provide Return Address:    Last Name: (per health card)   First Name: (per health card)	Last Name: (per health card)    First Name: (per health card)   First Name: (per health card)	omitter			Client Information		
Provide Return Address:  Name Address City & Province Postal Code  City:  City:  Postal code:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Provide Return Address:  Phone number: (AREA CODE) ###-###  Address:  City:  Postal code:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:	Phone number: (AREA CODE) ###-###  Address:  City & Province Postal Code  City:  Submitter lab no. (if applicable): Public Health Unit Investigation No.:  Primation  Primation  Primation of the tick for testing.  Where was the tick most likely acquired (Be as specific as possible, e.g., town, park, province, or city):  Province Town Other:  Other:  Other:  Other:  Other:  Others In Yes No travel Unknown  Postal code:  Submitter lab no. (if applicable): Public Health Unit Investigation No.:  Other:  Other:  Other:  Other:  Other:  Other:  Other:  Other:  Others Others  O		Courier code	е	Date of Birth: yyyy / mm / dd	Sex: □Male □Fema	
Name Address City & Province Postal Code  Address:  City:  Phone number: (AREA CODE) ###-###  Address:  City:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Primation  Dermation  Dermation in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	Phone number: (AREA CODE) ###-###  Address:  City & Province Postal Code  City:  Postal code:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Prmation  Province   Public Health Unit Investigation No.:  Public Hea	ovida Paturn Ada	droce:		Last Name: (per health card)	First Name: (per health ca	
Address City & Province Postal Code  Address:  City:  Postal code:  City:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Ation  tion in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	Address City & Province Postal Code    Address:						
Address:  City: Postal code:  Submitter lab no. (if applicable): Public Health Unit Investigation No.:	Address:  City: Postal code:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  City: Postal code:  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Public Health Unit Investigation No.:  On in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may represent to the tick for testing.  Town Other: Other:  Other: Unknown  Which localities were visited? (Be as specific as possible, e.g., town, park, province, or city):		Address		Phone number: (AREA CODE) ###-###		
Surname and OHIP / CPSO Number  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  on  in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	Surname and OHIP / CPSO Number    Submitter lab no. (if applicable):   Public Health Unit Investigation No.:   Public Health U				Address:		
name and OHIP / CPSO Number  Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  sields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	Submitter lab no. (if applicable):  Public Health Unit Investigation No.:  Public Health Unit Investigation No.:  Town Other:  No travel Unknown  I localities were visited? (Be as specific as possible, e.g., town, park, province, or city):						
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ds a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	ds a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may read of the tick for testing.  The tick most likely acquired (Be as specific as possible, e.g., town, park, province, or city):  Town Other:  In the previous two weeks? (Check one)*:  No travel Unknown  Occalities were visited? (Be as specific as possible, e.g., town, park, province, or city):	me	and OHIP / CPSO Nun	nber	Submitter lab no. (if applicable):		
on  in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may	in fields a) and b) is mandatory and is essential to the tick surveillance program. Failure to provide this information may respection of the tick for testing.  was the tick most likely acquired (Be as specific as possible, e.g., town, park, province, or city):  Town Other:  Travel in the previous two weeks? (Check one)*:  No travel Unknown  mich localities were visited? (Be as specific as possible, e.g., town, park, province, or city):		Fav:		Public Health Unit Investigation No.:		
	olid you travel in the previous two weeks? (Check one)*:  ☐ Yes ☐ No travel ☐ Unknown  yes, which localities were visited? (Be as specific as possible, e.g., town, park, province, or city):					•	
	nich localities were visited? (Be as specific as possible, e.g., town, park, province, or city):	travel in t	the previous two wee	eks? (Check one)*:			
travel in the previous two weeks? (Check one)*:	<u> </u>		☐ No travel	☐ Unknown			
		which loca	litios wars visitad? (I	Be as specific as pos	ssible, e.g., town, park, province, or	city):	
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□ No travel □ Unknown  localities were visited? (Be as specific as possible, e.g., town, park, province, or city):			_ <u></u>			orty).	
☐ No travel ☐ Unknown hich localities were visited? (Be as specific as possible, e.g., town, park, province, or city):	as the tick collected or removed?: yyyy / mm / dd		_ <u></u>			oty).	
which localities were visited? (Be as specific as possible, e.g., town, park, province, or city): e indicate all travel locations:		was the tic	Il travel locations:	ed?: <u>yyyy/mm/dd</u>		oty).	
□ No travel □ Unknown  hich localities were visited? (Be as specific as possible, e.g., town, park, province, or city):  ndicate all travel locations:  as the tick collected or removed?: yyyy / mm / dd	tick attached (feeding)		Il travel locations:	ed?: yyyy/mm/dd		oty).	
yes, which localities were visited? (Be as specific as possible, e.g., town, park, province, or city):  Please indicate all travel locations:  When was the tick collected or removed?: yyyy / mm / dd  Was the tick attached (feeding)	· · · · · · · · · · · · · · · · · · ·	Vas the tick attac	Ill travel locations:			City).	
Ves	· · · · · · · · · · · · · · · · · · ·	the tick attac	Ill travel locations:			City).	

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.

