



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.

