



Health Canada

Your health and safety... our priority.

Santé Canada

Voire santé et votre sécurité... notre priorité.

First Nations and Inuit Health Branch  
PO Box 42, 58 Dalhousie St., Rm 211  
Brantford, Ontario N3T 5M3  
Tel: 519-751-6512

# TICK SUBMISSION FORM

**First Nation Community Name:** \_\_\_\_\_

Please find enclosed \_\_\_\_\_ tick (s) sent to you for identification and testing.

\* Type of animal the tick was found on: \_\_\_\_\_  
(e.g. - human, cat, dog, other)

\* Patient / Owner name or Identification No: \_\_\_\_\_

Contact Telephone # (patient/owner): \_\_\_\_\_

Complete Mailing Address (patient/owner): \_\_\_\_\_

\* Where was the tick most likely acquired? \_\_\_\_\_

(Be as specific as possible e.g. Town/City, cottage, provincial park etc.)

\* Travel in past 2 weeks (check one):  No travel  Don't Know  Yes

If yes, which localities were visited? \_\_\_\_\_

\* Date the tick was collected or removed: \_\_\_\_\_ Was the tick attached (feeding)? \_\_\_\_\_

(Be as specific as possible e.g. Town/City/Province)

Tick sent by: \_\_\_\_\_

Tick submitted to PHAC-NML by: **Trudy Stanfield Health Canada- FNIHB**

Please mail tick to:

**Health Canada - FNIHB  
PO Box 42, 58 Dalhousie St., Rm 211  
Brantford, Ontario N3T 5M3  
Attn: Trudy Stanfield**

### 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.**