



Indigenous Services Canada / Services aux Autochtones Canada

First Nations and Inuit Health Branch  
195 Henry Street, Unit 6C  
Brantford, Ontario N3S 5C9

## TICK SUBMISSION FORM

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

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

\* Patient name: \_\_\_\_\_

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

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

\* 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? \_\_\_\_\_

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

\* Date the tick was collected or removed: \_\_\_\_\_

\* Was the tick attached (feeding)? \_\_\_\_\_ Was the tick attached to a Human? \_\_\_\_\_ Animal? \_\_\_\_\_

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

*Please mail tick to:*

Email completed tick submission form and zoomed in photo of the tick (beside a dime) to:

[Trudy.Stanfield@sac-isc.gc.ca](mailto:Trudy.Stanfield@sac-isc.gc.ca)

\*mailing address will be provided once form and photo are received

### 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 rejection of the specimen.**