Public | Santé Health | publique Ontario | Ontario

PHOL No .:

Surveillance Form for Tick Identification

ALL Sections of this form must be completed at every visit

NOTE:

- Public Health Ontario's laboratory does not return back to sender any specimen submitted for tick identification.
- Tick testing and data collected from submitted ticks 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.
- PHO does not perform tick testing on ticks removed from non-human sources (e.g., dogs).

Submitter	Client Information				
Name / Facility / Clinic Name:	Date of Birth:	Sex:	Male	Female	
Address, City & Province and Postal Code:	Last Name:				
	First Name:				
	Phone number:				
	Address:				
Clinician first name / Surname and OHIP / CPSO Number:					
	City:		Postal code:		
Telephone:	Submitter lab no. (if applicable	e):			
Fax:	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 t	he previous two we	eks? (Check one)*:			
Yes	No travel	Unknown			
If yes, which local Please indicate a		Be as specific as possible, e.g	., town, park, province, or city):		
c) When was the tick collected or removed? (yyyy/mm/dd):					
d) Was the tick attac	ched (feeding)				
Yes	No	Unsure			

e) How long was the tick attached (feeding) [hours or days]:

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. (17/NOV/2022)