

## Labstract - June 2016

# Tick Surveillance: New Tick Identification Requisition Form

### To Healthcare Providers and Public Health Professionals:

As of June 1, 2016, submitters are required to complete and submit the new “*Surveillance Form for Tick Identification*” which is available at [www.publichealthontario.ca/Requisitions](http://www.publichealthontario.ca/Requisitions) when submitting ticks for identification by the Public Health Ontario Laboratory (PHOL).

The new, simplified form replaces three separate forms (Parasitology Patient’s History Form, PHO General Test Requisition Form, and Public Health Agency of Canada (PHAC) Passive Surveillance for Blacklegged Ticks Form).

As per Infectious Disease Society of America (IDSA) guidelines, tick testing should not be used for diagnosis and management of Lyme disease. PHOL’s tick identification service, and subsequent PCR testing on blacklegged ticks to detect various human pathogens performed at PHAC’s National Microbiology Laboratory (NML) is **for surveillance purposes only**. The tick testing program is primarily used to monitor emerging tick populations in Ontario. Certain parts of Ontario, including Long Point Provincial Park, Thousand Islands National Park and Point Pelee National Park are known areas for established tick populations. Therefore, submitting ticks from areas where ticks are already established does not provide additional information. For further information on known risk areas, please refer to the PHO’s [Ontario Lyme disease estimated risk areas map](#), which provides data on the geographical distribution of blacklegged ticks (*Ixodes scapularis*).

PHOL turnaround time (TAT) for tick identification is up to three weeks, though during peak season it may be delayed. The NML TAT for Lyme disease PCR for ticks is up to six months.

### For further information:

- PHO Lyme disease resource page: [www.publichealthontario.ca/lymedisease](http://www.publichealthontario.ca/lymedisease)
- Contact the PHOL Customer Service Centre at 416-235-6556 or 1-877-604-4567 (toll-free), or by email at [CustomerServiceCentre@oahpp.ca](mailto:CustomerServiceCentre@oahpp.ca)
- For PHOL specimen collection information and previous Labstracts, refer to <http://www.publichealthontario.ca/Labs>
- The Tick Identification for Passive Surveillance Form and other forms are available at <http://www.publichealthontario.ca/Requisitions>

**Passive Tick Surveillance: Changes to the Tick Identification Requisition Form for Passive Surveillance in Ontario** (continued)

- To subscribe to future Labstracts, email [labstracts@oahpp.ca](mailto:labstracts@oahpp.ca)
- To register for Autofax and receive laboratory reports by fax directly from our laboratory information system as soon as they are released, contact the PHOL Customer Service Centre.

# Passive Tick Surveillance: Changes to the Tick Identification Requisition Form for Passive Surveillance in Ontario (Continued)



For laboratory use only	
Date received yyyy / mm / dd	PHOL No.

## 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**

<p><b>Submitter</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: right;">Courier code</p> <p>Provide Return Address:</p> <p style="text-align: center;">Name Address City &amp; Province Postal Code</p> </div> <p>Clinician initial / Surname and OHIP / CPSO Number</p> <p>Tel: _____ Fax: _____</p>	<p><b>Client Information</b></p> <table border="1" style="width: 100%;"> <tr> <td>Date of Birth: yyyy / mm / dd</td> <td>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</td> </tr> <tr> <td>Last Name: (per health card)</td> <td>First Name: (per health card)</td> </tr> <tr> <td colspan="2">Phone number: (AREA CODE) ###-####</td> </tr> <tr> <td colspan="2">Address: _____</td> </tr> <tr> <td>City: _____</td> <td>Postal code: _____</td> </tr> <tr> <td colspan="2">Submitter lab no. (if applicable): _____</td> </tr> <tr> <td colspan="2">Public Health Unit Investigation No.: _____</td> </tr> </table>	Date of Birth: yyyy / mm / dd	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name: (per health card)	First Name: (per health card)	Phone number: (AREA CODE) ###-####		Address: _____		City: _____	Postal code: _____	Submitter lab no. (if applicable): _____		Public Health Unit Investigation No.: _____	
Date of Birth: yyyy / mm / dd	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female														
Last Name: (per health card)	First Name: (per health card)														
Phone number: (AREA CODE) ###-####															
Address: _____															
City: _____	Postal code: _____														
Submitter lab no. (if applicable): _____															
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 the previous two weeks? (Check one)\*:

Yes  No travel  Unknown

If yes, which localities were visited? (Be as specific as possible, e.g., town, park, province, or city):

Please indicate all travel locations:

c) When was the tick collected or removed?: yyyy / mm / dd \_\_\_\_\_

d) Was the tick attached (feeding)

Yes  No  Unsure

e) How long was the tick attached (feeding) \_\_\_\_\_ (state hours or days)

### 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.

