

Tick Submission Form

Lab Number: _____

Under the authority of the *Animal Health and Protection Act*, personal information may be collected for the purpose of surveillance and testing. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy (ATIPP) Act*. It may be shared within the Government of Newfoundland and Labrador and with involved parties for program delivery purposes only. Any questions or comments related to collection or use of this information please contact the Animal Health Division at 709.729.6879.

Report to:	Owner:
Address:	Email:
Telephone number:	Fax number:

Collection and Submission Information

Species tick found on (person, dog, cat,...)	
Specimen: Live _____ Dead _____ Engorged _____ Fixed _____ Frozen _____	
Date collected:	Site on body where tick found:
Has the person/animal travelled recently outside of the province? (If so, where?):	
Is there a probable local source where the tick was picked up? (If so, where? woods, park, hiking trail,...)	
Comments:	

There are numerous different tick species either native to this province, or which exist in neighbouring provinces or elsewhere. The most important tick is the black-legged tick (*Ixodes scapularis*) which can spread Lyme disease. Ticks submitted to the Animal Health Laboratory will first be identified to species, and if identified as a black-legged tick, will then be tested to see if it is carrying the bacteria that causes Lyme disease (*Borrelia burgdorferi*). As it will take time for tick identification, and *Borrelia* testing, any decision made on the treatment of a person or animal should be based on the history and clinical presentation. It should not wait for these surveillance results.

More information on ticks in Newfoundland and Labrador can be found at: www.faa.gov.nl.ca/agrifoods

Laboratory results and comments:

Species: _____ Sex: _____ Stage: _____ Engorged? _____			
<i>Borrelia</i> status: Positive _____ Negative _____ Not tested _____			
Date received _____	Date examined _____	Date reported _____	Examined by _____