Submission Data: Passive surveillance for blacklegged ticks

Ticks submitted by: ____________________________________________________________

Patient/owner name or Identification No.: ______________________________________

Submitter Contact information (E-mail address) _________________________________

Type of animal tick was found on: _____________________________________________
(e.g. cat, dog, human, horse, etc)

Was the tick attached (feeding)? _____________________________________________

If yes, how long was it attached/feeding for? __________________________________

Probable geographic locality of acquisition: ____________________________________
(e.g. town, specific park, etc.)

Location of travel (if any, in past 2 weeks): ____________________________________

Date specimen was collected: _________________________________________________

Date specimen was submitted: ________________________________________________

Any other comments: _________________________________________________________

Office use only

Identification number(s): ______________

Tick species: _________________________ Stage: ______________

Identified by _________________________ Date: ______________