



**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 : _____	