



Tick Testing Request

(for tick surveillance purposes only)

1. Place the tick in a small hard plastic container with a tight fitting lid, such as a clean empty pill bottle.
Do not use glass containers or straws.
2. Label the container with the **e-Tick identification number** provided in your e-Tick notification.
The completed Tick Testing Request **must accompany** the labelled container.
3. Submit your tick for photo identification through e-tick platform **before forwarding specimen to ProvLab.**
For instructions and more information, visit: [eTick](#)
4. Place labelled container in a sealed pastic bag, close securely, and send with completed Tick Testing Request to:

By Mail

Specimen Receiving
Public Health Lab (ProvLab) North
University of Alberta Hospital
WMC 2B4.04, 8440-112 Street
Edmonton, AB T6G 2J2

OR

Drop off in person to any of the following

[Drop-Off Locations](#)

Please note acute care/hospital labs DO NOT accept tick submissions.

5. The tick species will be confirmed at the laboratory and may be tested for the bacteria that causes Lyme disease.
Results will be mailed to you within 2 weeks.

Requester Information

Veterinary Office

Provide Veterinary Submitter ID _____
(Address below must match Submitter ID Address)

Public Individual

(Complete your information in the address section below)
Alberta Tick Surveillance Program
Public Submitter ID 14525

Name

Address

City

Province

Postal Code

Phone

Fax

Authorizing Provider *(for APL Use Only)*

Kinga Kowalewska-Grochowska

University of Alberta Hospital
Walter C. Mackenzie Health Sciences Centre
8440 - 112 St NW
Edmonton, AB T6G 2B7

CC Provider ID
151612

Collection Information

Date Tick Collected/Found *(dd-Mon-yyyy)*

Time Collected *(24 hr)*

E-tick ID Number

Tick collected from *(choose one)*

Pet

Type of Pet Dog Cat Other *(specify)* _____

Pet Name _____

Human

Environment

Specify *(e.g. grass, wood post, etc.)* _____