

RESEARCH TICK TESTING

Submitted ticks will be tested for infection by *Borrelia burgdorferi*.

This is not a clinical test and the information is for research purposes only.

The results of the test will be communicated to the contributing veterinarian (or tick donor if the tick is privately donated). This can only be done if the form is signed. Your veterinarian or health care provider should be consulted to discuss any health implications of the results. In New Brunswick, ticks found on humans can also be tested through Public Health

- Type of animal the tick was found on (i.e. dog, cat, human, other): _____
- Patient and Owner name: _____
- Probable geographical location where tick was encountered (i.e. the **name** of the town or park): _____
- Location of travel (if any) in the past 2 weeks: _____
- Date specimen was collected: _____
- Was the tick attached (feeding)? Yes/no _____

Please provide name of veterinary hospital or **name, phone, FAX or e-mail mail** address of individual donor.
Results can only be returned to clinic or donor if this information is provided.

Name: _____	Phone/Fax/Email: _____
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I acknowledge that it is my responsibility to seek medical or veterinary attention to discuss the health implications of and infection by *Borrelia burgdorferi* (Lyme disease) regardless of test result outcomes. I hereby release, exonerate and discharge and agree to hold harmless Mount Allison University, its officers, agents, employees and students, from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in the Program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, including any interaction with the submitted tick.

Signature of donor OR signature of veterinary staff. Please note results can only be provided if form is signed.

Signature Date

There is a \$25.00 fee for testing, which delivers results in two weeks.

Three methods of payment are accepted:

1. Personal cheque made out to Mount Allison University
2. At your veterinary clinic (if they have an account with Mount Allison)
3. Credit card. Please include:

Card number: _____ Exp Date: _____ Signature: _____
Name on card _____ Billing address _____
phone _____

Lab use only			
Species identification	Ixodes scapularis	Ixodes cookei	Dermacentor
	adult nymph larvae	female male	engorged non-engorged highly engorged
<i>B. burgdorferi</i>	_____	<i>Borrelia sp.</i>	_____
Assessment (Pos/Neg)	_____		
Date	_____		

Lab use only
Communication
Fax
Email
Phone
Other
Date