

Only use this form for Merck Tick Pathogen Project, otherwise please use the [Parasitology Requisition form](#)

Section 1 – Animal information

eTick ID (ET-XXXXX)	DOB (DD/MM/YYYY)	GENDER	SPECIES	BREED
ADDRESS				
CITY		PROVINCE	POSTAL CODE	
CLINICAL SIGNS:	<input type="checkbox"/> NONE <input type="checkbox"/> FEVER <input type="checkbox"/> LAMENESS <input type="checkbox"/> PAINFUL/SWOLLEN JOINT(S) <input type="checkbox"/> SKIN LESIONS <input type="checkbox"/> PARALYSIS <input type="checkbox"/> OTHER. Please describe:		Duration of clinical signs	
OTHER CLINICAL OR TREATMENT INFORMATION:				
TRAVEL HISTORY (previous 2 weeks)	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where has the animal travelled in the previous 2 weeks? (Travel outside a 20km radius from your home residence)			
FIRST DATE OF TICK OBSERVATION:	DD/MM/YYYY			

LABORATORY USE ONLY

DATE RECEIVED

PROJECT ID

ST0072

SAMPLE ID

Section 2 – Healthcare provider information

NAME OF VETERINARIAN	ADDITIONAL COPIES TO:	
CLINIC NAME		
CLINIC ADDRESS		
CITY	PROVINCE	2.
POSTAL CODE		
PHONE		3.
EMAIL		

Section 3 – Test Requested

PARASITE IDENTIFICATION (FREE)	ADDITIONAL TESTING REQUESTED (FREE)
<input type="checkbox"/> TICK(S)	<input type="checkbox"/> PCR - Multiplex test
NUMBER OF TICKS SUBMITTED	
SAMPLE COLLECTION DATE	
COLLECTION TIME	

MAIL TO: Parasitology Laboratory, BCCDC Public Health Laboratory, Room 4029, 655 West 12th Ave, Vancouver, BC, V5Z 4R4 **OR** in person: drop off at the BCCDC specimen receiving refrigerated specimen drop-off box located in the lane/alley behind the BCCDC building (655 West 12th Ave, Vancouver)