

Regional Microbiology Tick Requisition

ALL INFORMATION MUST BE LEGIBLE

<input type="checkbox"/> Non-insured: Horizon Staff <input type="checkbox"/> Non-insured: Private Practice			
Mandatory Information	Patient's Last Name: _____	Other Information	Patient Location: _____
	First Name: _____		Account #: _____
	NB Medicare #: _____ Expiry Date: _____ <small>If no NB Medicare # is present, Other Patient # and Address is required</small>		Other Provincial Healthcare # & Province or Patient #: _____
	DOB: _____ Sex: _____ <p style="text-align: center;">D / M / Y</p>		Address: _____
	Ordering Provider: (First & last name, specialty,)		Province: _____ Postal Code: _____
	Copies To: (First & last name, specialty,)		Reoccurring Frequency: _____
Relevant Clinical/ Medication Information: _____			

NOTE: Specimens MUST be labelled with patient's full name, Medicare number, date and time

Collection Date:		Time:		Collection Location:	
Collected by: _____					

Diagnostic Tick Identification (tick found on human)

Tick found on animal should be submitted to New Brunswick Provincial Veterinary Laboratory (506-453-5412) by individual or their veterinarian.

Date the tick was found	_____ (dd/mm/yy)
Time the tick was found	_____ (am/pm)
Was the tick attached or unattached to person?	<input type="checkbox"/> Attached <input type="checkbox"/> Unattached <input type="checkbox"/> Unknown
Location where the tick was most likely acquired, if known.	_____
Where did the person travel in New Brunswick in the two weeks before the date the tick was found?	_____
Where did the person travel outside New Brunswick in the two weeks before the date the tick was found? (eg, city or town, region, country)	_____