**Tick Surveillance Scheme (TSS) – recording form**

Please read the guidance information provided at [www.gov.uk/guidance/tick-surveillance-scheme](http://www.gov.uk/guidance/tick-surveillance-scheme) before filling in this form and provide as much information as possible. In order to map tick distribution in the UK, UKHSA need the location where you (or the host) most likely acquired the tick (ideally a grid reference, post code or latitude and longitude coordinates). This location is where you think you were exposed to ticks in the environment, not your home or company location (unless you think you acquired the tick there). If you cannot determine a single location, please use the multiple location box to provide further details.

**Return** **completed forms to**: Tick Surveillance Scheme, UK Health Security Agency, Porton Down, Salisbury, SP4 0JG.

See [www.gov.uk/guidance/tick-surveillance-scheme](http://www.gov.uk/guidance/tick-surveillance-scheme) for postage instructions and more details or email us at [Tick@ukhsa.gov.uk](mailto:Tick@ukhsa.gov.uk)

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| **Section 1: Information about your tick(s)** | |
| Date the tick was found |  |
| Has the host recently travelled overseas? (Yes/No)  If yes, provide travel history dates, locations visited (village/town/country if known) |  |
| Host from which tick was collected  For example, human, dog, cat, hedgehog, bat, among others |  |
| If host is human, please specify if this was an adult or child |  |
| Was the tick attached/feeding or found crawling? |  |
| Single geographical location where the tick was most likely acquired |  |
| Multiple locations where the tick may have been acquired if single location cannot be determined  Please provide dates if possible |  |

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| **Section 2: Additional information** | |
| Which part of the host’s body was the tick found? |  |
| If you would like to include any further information on your tick encounter, please include it here |  |
| Are you happy for UKHSA to contact you in the future to ask further questions about your tick encounter? |  |
| **Section 3: Contact details** | |
| Name of person submitting tick(s) |  |
| Address |  |
| Telephone number |  |
| Email address  UKHSA will use this to contact you about the identification of your tick specimen(s) |  |

I give my consent to be contacted by UK Health Security Agency in the future, with details of how I might participate in research into the understanding of ticks and tick-borne diseases. I understand that this is optional and that any advice I am given will not be affected.

## Signed……………………………………………………………………………

## How will my information be stored/used in the future?

Please refer to the Tick Surveillance Scheme guidance on GOV.UK: www.gov.uk/guidance/tick-surveillance-scheme

UKHSA publications gateway number: GOV-11264

Published: February 2022