



Tick Surveillance Scheme (TSS) – recording form

Please read the guidance information provided at www.gov.uk/guidance/tick-surveillancescheme 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).

Sections 1 to 3 will be used by UKHSA for public health surveillance purposes and to provide you with feedback on the identification of your specimen. By completing section 4, you may choose to provide your consent to be contacted by UKHSA for future research. You are under no obligation to take part in any future studies. **Return completed forms to: Tick Surveillance Scheme, UK Health Security Agency, Porton Down, Salisbury, SP4 0JG.**

See www.gov.uk/guidance/tick-surveillance-scheme for postage instructions and more details or email us at Tick@ukhsa.gov.uk

Section 1: Information about your tick(s)	
Date the tick was found	
Has the host recently travelled overseas? (Yes/No) If yes, provide travel dates and 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) Provide travel dates if possible	
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 to ask further questions about your tick encounter?	
Section 3: Contact details	
Name of person submitting tick(s)	
Address	
Telephone number UKHSA will use this to contact you if urgent, e.g. a public health threat	
Email address UKHSA will use this to contact you about the identification of your tick specimen(s)	
Section 4: Future research	
<p>By signing this section, I give my consent to be contacted by the UK Health Security Agency in the next five years, 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. If I change my mind for any reason, I may withdraw my consent by contacting Tick@ukhsa.gov.uk.</p>	
Signed:	Date:

Please refer to <https://www.gov.uk/guidance/mosquito-and-tick-data-storage-information> for more information on how your data are stored