CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Tick Submission Form

Date: _____

Instructions: Complete this form and include it with your tick specimen

(It is important to print information legibly).

Information on health district submitting tick (to whom report will be sent):

CT River Area Health District

455 Boston Post Road, Suite 7

Old Saybrook, CT 06475

Phone: 860-661-3300 Email: crahdoffice@crahd.net

***Please note that the Tick Testing Program is intended for the identification or testing of ticks that have fed on humans. Ticks removed from pets will be identified, but* not tested.**

Was this tick removed from a pet? Y_____ N_____

Pet species/name/age: _____

Information on person bitten by tick:

Name: _____

Address: _____ Town: _____

Telephone number: _____ Email: _____

Age: _____ Gender: M_____ F_____

Date tick was removed: _____ Part of body: _____

Town in which tick was acquired: _____

Please submit samples to:

The Connecticut Agricultural Experiment Station

Tick Testing Laboratory, Jenkins- Waggoner Building

123 Huntington Street

New Haven, CT 06511

Phone: (203) 974-8500 Fax: (203) 974-8502

Toll Free: 1-(877) 855-2237

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