



The Connecticut Agricultural Experiment Station

123 HUNTINGTON STREET, P.O. BOX 1106, NEW HAVEN, CONNECTICUT 06504

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Putting science to work for society

Tick Submission Form

Date: _____

***Instructions: Complete this form and include it with your tick specimen
(It is important to print information legibly).***

Information on person/health department submitting tick (to whom report will be sent):

(Please identify the official's name from the health department to whom the report will be sent.)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number(s): _____

Please note that the Tick Testing Program is intended for the identification and/or testing of ticks which 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 (if different from above): _____

Address (if different from above): _____

Age: _____ Gender: M____F____

Date tick was removed: _____ Part of body where tick was found: _____

Town in which tick was acquired: _____

Please submit samples to:

The Connecticut Agricultural Experiment Station, Tick-Testing Laboratory, Slate Building Room 112,
123 Huntington Street, P.O. Box 1106, New Haven, CT 06504

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

Toll Free: 1-(877) 855-2237

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