



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 person/health department submitting tick (to whom report will be sent):
(Please identify name and e-mail address of the person/health department official to whom the report will be sent.)**

Name: East Shore District Health Department

Address: 688 East Main Street, Orchard Research Park

City: Branford State: CT Zip Code: 06405

E-mail Address (required): theier@esdhd.org & info@esdhd.org Telephone number(s): 203-481-4233

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): _____

Telephone number(s): _____ Email: _____

Age: _____ Gender: M ☐ F ☐

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

Town in which tick was acquired: _____

☐ Please check here if we can leave a voice mail message regarding your results.

***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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