

		Specimen No
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 department subm	itting tick (to whom rep	oort will be sent):
Aspetuck Health District 180 Bayberry Lane Westport, CT 06880		
E-mail: jreilly@aspetuckhd.org; vhurta@a	aspetuckhd.org; communi	tyhealth@aspetuckhd.org
Telephone number(s): 203.227.6611		
Please note that the Tick Testing Prograwhich have fed on humans. Ticks remove Was this tick removed from a pet? Y	ed from pets will be ident	tified, but not tested.
Information on person bitten by tick:	•	
<u> </u>		
Age:Gender:	Part of body where tic	k was found:
		
Date tick was removed:	Town in which tick	was acquired:
Age:Gender: Date tick was removed: Contact Name: Address:	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

Email: <u>caes@ct.gov</u> Website: portal.ct.gov/caes Phone: (203) 974-8500 Fax: (203) 974-8502 Toll Free: (877) 855-2237

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