



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Specimen No. _____

Date: _____

Tick Submission Form

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

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

Aspetuck Health District
180 Bayberry Lane
Westport, CT 06880

E-mail: jreilly@aspetuckhd.org; vhurta@aspetuckhd.org; communityhealth@aspetuckhd.org

Telephone number(s): 203.227.6611

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:

Age: _____ Gender: _____ Part of body where tick was found: _____

Date tick was removed: _____ Town in which tick was acquired: _____

Contact Name: _____

Address: _____ Town: _____ State: _____

Telephone Number: _____ Email: _____

Please submit samples to:

The Connecticut Agricultural Experiment Station, Tick Testing Laboratory, Jenkins-Waggoner Building, 123 Huntington Street, New Haven, CT 06511

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

An Affirmative Action/Equal Opportunity Employer