



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Tick Submission Form

Specimen No. _____ Date: _____

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

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

Information on the person bitten by tick:

Was this tick removed from a pet? YES NO Pet species/name/age: _____

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

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

Contact Information:

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

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

Aspetuck Health District

180 Bayberry Lane

Westport, CT 06880

Telephone number(s): 203.227.6611

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