



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Tick Submission Form

Specimen # _____

Information of the Aspetuck Health District submitting the tick (to whom the report will be sent):

Aspetuck Health District

180 Bayberry Lane

Westport, CT 06880

Phone: (203) 227-9571

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

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.*

Was this tick removed from a pet? Yes _____ No _____ Pet Species: _____

Information of Person Bitten by Tick: Name: _____

Name of Parent/Guardian (for minors): _____

Age: _____ Gender: _____ Address: _____

Town of Resident: _____ Phone: _____

Date tick was removed: _____ Body part tick was removed: _____

Town in which tick was acquired: _____

Email (Required for results – Print legibly) _____

The Aspetuck Health District would like to disclose the following:

- There is a \$10 handling fee for submission of each tick.
- You will receive your results from the CAES via email. Be sure to check your email and your spam folder.
- We recommend contacting your primary care provider for recommendations and follow-up.
- Reporting time for laboratory results vary from one to two weeks. If you have not received an email in two weeks, call CAES directly at (203) 974-8500.
- The Aspetuck Health District is not responsible for ticks that get lost or misplaced in the mail or by CAES.

Signature: _____ Date: _____

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