



# 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: Chesprocott Health District – Kathryn Glendon or Kimberly Sima

Address: 1247 Highland Avenue

City: Cheshire State: CT Zip Code: 06410

E-mail address: kglendon@chesprocott.org & ksima@chesprocott.org Telephone number: 203-272-2761

***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): \_\_\_\_\_ E-mail address (required): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Date tick was removed: \_\_\_\_\_ Part of body where tick was found: \_\_\_\_\_

Town in which tick was acquired: \_\_\_\_\_

***Please submit samples to:***

***The Connecticut Agricultural Experiment Station, Tick-Testing Laboratory, Slate Building Room 112, 123 Huntington Street, P.O. Box 1106, New Haven, CT 06504***

Phone: (203) 974-8500 Fax: (203) 974-8502

Toll Free: 1-(877) 855-2237

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