



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 health district 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- Christina Del Vecchio

Address: 1187 Highland Avenue, Suite 210

City: Cheshire State: CT Zip Code: 06410

E-mail address: cdelvecchio@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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