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## Tick Submission Form

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 the report will be sent): (Please identify name and email address of the person/health department official to whom the report will be sent.)		
Address:		
City:	State:	Zip Code:
Email Address (required):		Telephone number(s):
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):		
Age:Gender: M		
Date tick was removed:Part of b	ody where tick was f	ound:
Town in which tick was acquired:		

Please submit samples to:

The Connecticut Agricultural Experiment Station, Tick Testing Laboratory, Jenkins-Waggoner Building, 123 Huntington Street, New Haven, CT 06511-2016