



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Attention District Residents:

If you are printing this form from the QVHD website, you must email or fax a copy to QVHD in order for you to receive the results. QVHD only receives a last name and a tick identification number. QVHD will not have a copy of this 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 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: Leslie Balch, Director of Health

Address: Quinnipiack Valley HD, 1151 Hartford Turnpike

City: North Haven State: CT Zip Code: 06473

E-mail Address (required): lbalch@qvhd.org Telephone number(s): 203 248-4528

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): _____

Email address: _____

Telephone number(s): _____

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

WWW.CT.GOV/CAES

An Affirmative Action/Equal Opportunity Employer