



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: Alicia Mulvihill, Quinnipiack Valley Health District

Address: 1151 Hartford Turnpike

City: North Haven State: CT Zip Code: 06473

E-mail Address (required): amulvihill@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): _____

Telephone number(s): _____

Age: _____ Gender: M F Email Address: _____

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, 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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