



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Tick Submission Form (ID# _____) Date: _____

Instructions: Complete this form and include with tick specimen

Information on person/health department submitting tick (to whom report will be sent):

Name: **Darien Health Department** (mvarrone@darienct.gov; dknauf@darienct.gov; psutliffe@darienct.gov)

Address: **2 Renshaw Road** Phone Number: **(203) 656-7320**

City: **Darien** State: **CT** Zip Code: **06820**

Filled out by Resident

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___

Information on person bitten by tick:

Name: _____ Age _____ Gender M___ F___

Date tick was removed: _____ Part of body where tick was found: _____

Town where you believe the tick came from: _____

Name of person submitting tick: _____ Address: _____

Telephone number(s): _____ Email address: _____

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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