



CAES

The Connecticut Agricultural Experiment Station

Putting Science to Work for Society since 1875

Filled out by Health District/Department

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 department submitting tick:

Name: Pomperaug District Department of Health

Address: 77 Main Street South, Suite 205

City: Southbury State: Ct Zip Code: 06488

E-mail Address (required): Laurie.Reinheimer@pddh.org Telephone number(s): 203-264-9616
Linda.Goodrow@pddh.org

Please note that the Tick Testing Program is intended for the identification and/or testing of ticks which have fed on humans.

Information on person bitten by tick:

Name of person bitten : _____

Parent's Name if host is a child: _____

Address : _____

Telephone number(s): _____

E-mail address : _____

Age: _____ Gender: M _____ F _____

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

Town in which tick was acquired: _____

Filled out by Resident

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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