



# 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: Lucienne Bango – Trumbull Health Director

Address: 335 White Plains Road

City: Trumbull

State: CT

Zip Code: 06611

E-mail address (required): [LBango@Trumbull-CT.gov](mailto:LBango@Trumbull-CT.gov) Telephone number(s): (203) 452-1030

*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):  E-mail address (required):

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

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