



## TICK SUBMITTAL FORM

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: [www.EHHD.org](http://www.EHHD.org)

**THIS IS A SERVICE PROVIDED TO RESIDENTS OF THE EASTERN HIGHLANDS HEALTH DISTRICT ONLY**

<b>Important Information:</b>	<p><b>At the height of the tick season, it could take as long as four weeks to get the results of your tick test through EHHD (free of charge).</b></p> <p><b>The average incubation period for Lyme Disease is seven (7) to ten (10) days. If you wish to receive test results sooner, please see contact information for fee for service laboratories below.</b></p> <p style="text-align: center;"><b><u>In all instances of exposure, we recommend you consult with your physician as soon as possible.</u></b></p> <p><b>Please fill out the attached form COMPLETELY and submit it with the tick to EHHD. The tick should be in a sealed plastic baggie. Do NOT tape tick to card, envelope, etc., as the residue from the tape will affect the results of the tick test.</b></p> <p style="text-align: center;"><b>All information obtained is kept confidential.</b></p>
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<b>Submit form &amp; tick to:</b>	<p><b>Eastern Highlands Health District 4 South Eagleville Road Mansfield, CT 06268 DO NOT SEND DIRECTLY TO THE LAB</b></p>
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<b>For Quicker Results You Can Contact:</b>	<ul style="list-style-type: none"> <li>• CT Pathology Laboratories Inc. in Willimantic at (860)-450-1823 (or)</li> <li>• UCONN Pathology Testing Labs in Mansfield at (860)-486-0808</li> </ul> <p>*Please contact them directly for their fee schedule and turn-around time for tick testing and results.</p>
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# CAES

The Connecticut Agricultural Experiment Station

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## 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: Eastern Highlands Health District

Address: 4 South Eagleville Road

City: Mansfield State: CT Zip Code: 06268

E-mail Address (required): ehhd@ehhd.org Telephone number(s): 860-429-3325

**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 \_\_\_

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

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