

TICK SUBMITTAL FORM

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

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

Important Information:	<p>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).</p> <p>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.</p> <p style="text-align: center;"><u>In all instances of exposure, we recommend you consult with your physician as soon as possible.</u></p> <p>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.</p> <p style="text-align: center;">All information obtained is kept confidential.</p>
-------------------------------	--

Submit form & tick to:	<p>Eastern Highlands Health District 4 South Eagleville Road Mansfield, CT 06268</p>
-----------------------------------	---

For Quicker Results You Can Contact:	<ul style="list-style-type: none"> • CT Pathology Laboratories Inc. in Willimantic at (860)-450-1823 (or) • UCONN Pathology Testing Labs in Mansfield at (860)-486-0808 <p>*Please contact them directly for their fee schedule and turn-around time for tick testing and results.</p>
---	--



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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (required): _____ Telephone number(s): _____

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

An Affirmative Action/Equal Opportunity Employer