Eastern Highlands Health District

# 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

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| **Important Information:** | **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).**<br><br>**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.**<br><br>**<u>In all instances of exposure, we recommend you consult with your physician as soon as possible.</u>**<br><br>**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.**<br><br>**Results will be emailed to you directly from the CAES.**<br><br>**All information obtained is kept confidential.** |
| **Submit form & tick to:** | **Eastern Highlands Health District**<br>**4 South Eagleville Road**<br>**Mansfield, CT 06268**<br>**DO NOT SEND DIRECTLY TO THE LAB** |
| **For Quicker Results You Can Contact:** | • UCONN CT Veterinary Medical Diagnostic Laboratory (860)-486-3738<br><br>*Please contact them directly for their fee schedule and turn-around time for tick testing and results. |

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: 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:_____

E-mail Address (required):_____

***Please submit samples to:***

***The Connecticut Agricultural Experiment Station, Tick Testing Laboratory, Jenkins-Waggoner Building, 123 Huntington Street, New Haven, CT 06511***

Phone: (203) 974-8500 Fax: (203) 974-8502
Toll Free: 1-(877) 855-2237
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