



98 Bank Street • Seymour, CT 06483 • Website: nvhd.org
Tel: 203/881-3255 • Fax: 203/881-3259

INFORMATION REGARDING SUBMISSION OF TICKS FOR TESTING

- The Connecticut Agricultural Experiment Station (CAES) accepts all ticks for identification purposes, but will test only those ticks that have ingested human blood. Laboratory personnel test engorged ticks and upon special request, will test certain other species of ticks for the presence of organisms that may cause disease.
- Ticks for testing and/or identification may be submitted by residents to their local health departments. The specimen will then be delivered to the CAES. Ticks will be accepted only from residents of Connecticut.
- A submission form including the following information must accompany the tick: name, address, and telephone number of person submitting the tick; name, age, and sex of person bitten; date tick was removed; part of body where tick was found; town in which tick was acquired.
- The best way to send a tick is in a small plastic zipper-locking bag. Do not place liquid in the container or apply tape to the tick.
- Results are communicated to the local health departments by e-mail or in writing. You will be notified by phone if a positive result is found. Additionally, a written report of the findings will be mailed to all submitters. It is important to notify your Health Care Provider that you have submitted a tick for laboratory testing since he/she may want to initiate medical follow-up at that time. Reporting time for laboratory results can vary from 1-3 weeks depending on seasonal volume of specimens sent to the CAES.



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Tick Submission Form

The following information is required for the submission of ticks for laboratory testing. This form will be included with your specimen and sent to The Connecticut Agricultural Experiment Station. Results will be emailed to nvhdeh@nvhd.org within 1-3 weeks. NVHD will then contact you via phone or mail with results.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

INFORMATION ON PERSON BITTEN BY TICK:

Name: _____

Age: _____ Sex (Circle One): M F

Date tick was removed: _____

Part of body where the tick was found: _____

Town in which the tick was acquired: _____

NOTE: There is a fee of \$5.00 for submission of the tick for testing.