



# Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483  
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

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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. You will be contacted after results are e-mailed to: [nvhdeh@nvhd.org](mailto:nvhdeh@nvhd.org)

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, **or** there is a \$10.00 fee to have the tick submission sent by certified mail if preferred.

I acknowledge that NVHD is not responsible for ticks that get lost or misplaced in the mail, or misplaced by the CT Agricultural Experiment Station.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ansonia

Beacon Falls

Derby



Naugatuck

Seymour

Shelton