



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

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 other species of ticks for the presence of organisms that may contain 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 the 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.

Ansonia ● Beacon Falls ● Derby



Naugatuck ● Seymour ● Shelton



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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: [nvhd.org](mailto:nvhdeh@nvhd.org)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

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 the tick removed from a pet: Y ____ N ____

Pet species/name/age: _____

Information on person bitten by the 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