



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483

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Ansonia Beacon Falls Derby Naugatuck Seymour Shelton

Public Health
Prevent. Promote. Protect.

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

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: _____