

Town of Brookfield  
Health Department  
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## Tick Submission Form

### Information on Person Bitten By Tick:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Age: \_\_\_\_\_ Gender: (*circle one*) M F

Date tick was removed: \_\_\_\_\_

Part of body where tick was found: \_\_\_\_\_

Town in which tick was acquired: \_\_\_\_\_

Any symptoms or findings: \_\_\_\_\_

Was tick removed from a pet? (*circle one*) Y N

*Ticks removed from a pet **will not** be tested by the laboratory. The Tick Testing Program is intended only for testing ticks that have fed on humans.*

### Information on person submitting tick: (if different from above or if above is a child)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

\*Results may take up to two weeks to be received. Once received, a representative of the Health Department will contact you.

Questions regarding the *Tick Testing Program* please call:  
The Connecticut Agricultural Experiment Station at 203-974-8500  
Do not call with test result inquiries!