



Tick Submission Form

Information of the Trumbull Health Department submitting tick:

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Please note that the Tick Testing Program is intended for the identification and/or testing of ticks that have FED ON HUMANS. Ticks removed from pets will be identified, but not tested.

Was this tick removed from a pet? Yes No Pet Species: _____

Information of Person Bitten by Tick: Name: _____

Name of Parent/Guardian (for minors): _____

Age: _____ Gender: _____ Address: _____

Phone Number: _____ Date tick was removed: _____

Body Part Tick was Removed: _____

Town in which tick was acquired: _____

Email (Required – **PRINT LEGIBLY**): _____

The Trumbull Health Department would like to disclose the following:

- There is a **\$5.00 handling fee** for submission of the tick for testing.
- Female Deer Ticks are tested for **Lyme, Anaplasmosis, Babesiosis, Borelia Miyamotoi & Powassan Disease.**
- You and the Trumbull Health Dept will receive your results via email **from CAES**. Check your spam folder.
- We recommend **monitoring for symptoms** and **contacting your primary care provider** for recommendations.
- Reporting time for laboratory **results can vary from one to two weeks**. If you have not received an email in two weeks, call the health department.
- The **Trumbull Health Department is not responsible** for ticks that get lost or misplaced in the mail or by CAES.

I have read and understood the terms of my submission.

Signature: _____ Date: _____ tp 5/19/25