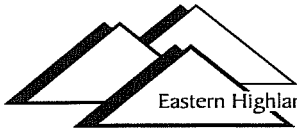


TICK SUBMITTAL FORM

BEING REQUESTED BY:



Eastern Highlands Health District

**THIS IS A SERVICE PROVIDED TO RESIDENTS OF THE
EASTERN HIGHLANDS HEALTH DISTRICT ONLY**

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

Important Information	<p>At the height of the tick season, it could take as long as four weeks to get the results of your tick test through EHHD (free of charge).</p> <p>The average incubation period for Lyme Disease is seven (7) to ten (10) days. If you wish to receive test results sooner, please see contact information for fee for service laboratories below.</p> <p>Include your tick in a sealed plastic baggie. Do NOT tape tick to card, envelope, etc., as the residue from the tape will affect the results of the tick test.</p> <p style="text-align: center;"><u>In all instances of exposure, we recommend you consult with your physician as soon as possible.</u></p> <p style="text-align: center;">Please fill out form COMPLETELY. All information obtained is kept confidential.</p>
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For Quicker Results You Can Contact:	<ul style="list-style-type: none">• CT Pathology Laboratories Inc. in Willimantic at 450-1823 (or)• UCONN Pathology Testing Labs in Mansfield at 486-0808 <p>*Please contact them directly for their fee schedule and turn-around time for tick testing and results.</p>
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Information Regarding Person Bitten By Tick	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____ Age: _____ Sex (Circle One): M F</p> <p>Date Tick Was Removed: _____</p> <p>Part of Body Where Tick Was Found: _____</p> <p>Town in Which Tick Was Acquired: _____</p>
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Information Regarding Person Submitting Tick: (if different than above)	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p>
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Revised: August 2008