

**Connecticut Veterinary Medical  
Diagnostic Laboratory**  
Department of Pathobiology and  
Veterinary Science  
University of Connecticut  
61 North Eagleville Rd., Unit 3203  
Storrs, CT 06269-3203  
Phone: 860-486-3738 Fax: 860-486-2737  
http://cvmdl.uconn.edu

# Submission Form for Tick Testing

(Office use only)

Accession No. \_\_\_\_\_

Date Rec'd by Lab \_\_\_\_\_

Client Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please send copy of results to healthdept@town.fairfield.ct.us Yes No

**Please note: Our normal reporting method is verbally by phone (8:30-4:30 M-F), followed by an email report. If email is not available, a report will be sent by US mail at no charge.**

If you are unable to be reached immediately by phone, then is it acceptable to send the report by email without verbal results?  Yes  No  
The report will be sent by email, and you may contact the laboratory if clarification is required.

Was the tick attached or embedded in victim's skin?  Yes  No  Unknown If so, for how long? \_\_\_\_\_  
If yes, name and age of person or species of animal tick was removed from:

\_\_\_\_\_ Age \_\_\_\_\_ Date and time tick was removed \_\_\_\_\_

**To submit a tick, wrap the tick in a paper towel moistened with water and place in two zip-lock bags (one bag inside another)  
PLEASE DO NOT SUBMIT THE TICK IN TAPE OR ALCOHOL (this can inhibit PCR testing)**

**Tests Requested:**

**Tick Identification only**

Identifies the type of tick, stage of development and degree of engorgement. (Tick can be alive or dead)

**Fee \$10.00**

(If more than one tick is submitted, there will be a \$10.00 charge for each tick, and additional charges for PCR will apply. Call (860)486-3738 for more information.)

**Borrelia burgdorferi PCR Testing**

Examines tick for the presence of the bacteria *Borrelia burgdorferi*, the causative agent of Lyme disease. (Tick can be alive or dead)

**Fee \$50.00 (price includes the tick identification fee)**

**Anaplasma phagocytophilum PCR Testing**

Examines tick for the presence of the bacteria *Anaplasma phagocytophilum*, the causative agent of Human Granulocytic Anaplasmosis. (Tick can be alive or dead)

**Fee \$50.00 (price includes the tick identification fee)**

**Babesia microti PCR Testing**

Examines tick for the presence of the bacteria *Babesia microti*, the causative agent of Babesiosis. (Tick can be alive or dead)

**Fee \$50.00 (price includes the tick identification fee)**

- or -

**Choose any two PCR tests for \$80.00 (price includes the tick identification fee)**

**Choose all three PCR Tests for \$100.00 (price includes the tick identification fee)**

(Lab use only)

Tick ID: \_\_\_\_\_ Identified by: (date/initial): \_\_\_\_\_

**Borrelia burgdorferi** PCR Results:  Positive  Negative  Inconclusive Tested by (date/initial): \_\_\_\_\_

**Anaplasma phagocytophilum** PCR Results:  Positive  Negative  Inconclusive Tested by (date/initial): \_\_\_\_\_

**Babesia microti** PCR Results:  Positive  Negative  Inconclusive Tested by (date/initial): \_\_\_\_\_

\$10.00 fee for identification only: Type of tick: \_\_\_\_\_

No test, no charge. Reason: \_\_\_\_\_

Submitter phoned with results (Date, time and initials): \_\_\_\_\_

Results reported by:  E-mail(date/initial): \_\_\_\_\_  Fax(date/initial): \_\_\_\_\_  US Mail(date/initial): \_\_\_\_\_

Lab comments: \_\_\_\_\_