

INFORMATION ON SUBMITTING TICKS

Who may submit ticks?

Ticks will be accepted only from residents of Danbury.

Do all ticks that are submitted get tested for Lyme disease?

We accept all ticks for identification but test only those *Ixodes scapularis* ticks that have ingested human blood. We examine all ticks for degree of engorgement. Laboratory personnel test engorged black-legged ("deer") ticks (*Ixodes scapularis*) and, upon special request, certain other species of ticks for the presence of spirochetes that cause Lyme disease. We do not test the American dog tick (*Dermacentor variabilis*), larval ticks of all species, or unengorged ticks.

What diseases are the ticks tested for?

The ticks are tested for three diseases: Lyme, Babesiosis and Anaplasma

How are results communicated and how long does it take to receive a report?

Results are communicated in writing. Please wait for written communication of results. Phone inquiries cause delays in the analyses of ticks.

Reporting time depends largely on volume of ticks received. Priority will be given to processing and reporting findings on engorged *Ixodes scapularis* ticks.

What information should be included with the tick?

The following information should accompany the tick: Name, address, and telephone number of person submitting the tick; name, age, and sex of person bitten; date tick was removed; part of body where tick was found; town in which tick was acquired.

Instructions for Residents:

1. Fill out tick analysis request form. If sending request for a child, make sure child's name, DOB and parents name are included.
2. Ticks should be bagged separately for 2 or more ticks per person. Label each bag with person's name and the site of the tick bite. Ticks for each person should be bagged and labeled separately. Place tick in a zip lock sandwich bag.
3. Bring form and tick(s) to the Danbury Health Dept, there is a fee of \$5.00 per household.
4. We suggest that you contact your or your child's medical doctor to discuss any follow up recommendations.
5. Mark your calendar with the date and site of tick bite as a reference point.
6. When the tick analysis report is received, usually 4-6 weeks, We will inform you of the results.



City of Danbury Department of Health & Human Services

155 Deer Hill Avenue Danbury, CT 06810

Tel: (203) 797-4625 Fax: (203) 796-1596

Request for Tick Analysis Form

Date: _____

Name of Person requesting tick analysis: _____
(i.e. Mother, Father, Guardian, etc.)

Address: _____

Phone No: _____

INFORMATION ON PERSON BITTEN BY TICK:

Name (if different from above): _____

Address (if different from above): _____

Age: _____ Sex: ☐ Male ☐ Female

Date Tick was removed: _____

Part of body where the tick was found: _____
(i.e. neck, crease of elbow, scalp, etc.)

Town in which the tick was acquired: _____

If you have any further questions please call (203) 797-4625

Following information to be filled out by Health Department personnel:

Immediate Response:

☐ Given printed material ☐ Referred to: ☐ Receipt #: _____

☐ Answered Queries on: ☐ Promised Action: ☐ Results Mailed: _____

Action Taken: _____

Intake Worker: _____ Date: _____