Minnesota Board of Animal Health

Farmed Cervidae Chronic Wasting Disease Submission Form

Submit Samples and this form to:

Minnesota Veterinary Diagnostic Laboratory
College of Veterinary Medicine
1333 Gortner Avenue
St. Paul, MN 55108

Phone: 612-625-8787 Toll free: 800-605-8787
Fax: 612-624-8707 Email: VDL@umn.edu

This Space for Lab Use Only

Submitter Information

FILL IN ALL FIELDS AND PRINT CLEARLY: **Date Submitted: _____**

Premises ID:	***Veterinarian Submissions (veterinarian will automatically receive copy if filled out)***
Owner Name:	**Veterinarian Name:**
Mailing Address:	**Mailing Address:**
City, State, Zip:	**City, State, Zip:**
Phone:	**Phone:**
CHECK ONE:	***CHECK ONE:***
☐ **Mail Results (using address above)** ☐ **Fax Results – number:** ☐ **Email Results – address:**	☐ **Mail Results (using address above)** ☐ **Fax Results – number:** ☐ **Email Results – address:**

Death Report Information ***(*Samples must be submitted to lab within 14 days of collection)***

Name of Sample Collector:	
Sample Collection Date:	**Date of Animal Death:**

☐ **Slaughtered at slaughter facility** ☐ **Harvested on farm** ☐ **Died on Farm** ☐ **Other: _____**

Sample Information

ALL FIELDS REQUIRED: ***CHECK ALL THAT APPLY:***

Official ID (required)	Add'l Tag(s)	Species	Age	Sex	Brain Stem	Lymph Node	Whole Head	Ear Tag Submitted
1.					☐	☐	☐	☐
2.					☐	☐	☐	☐
3.					☐	☐	☐	☐
4.					☐	☐	☐	☐

(Additional samples can be listed on page 2 of this form)

Premises ID:	Owner Name:	Date:

ALL FIELDS REQUIRED: ***CHECK ALL THAT APPLY:***

Official ID (required)	Add'l Tag(s)	Species	Age	Sex	Brain Stem	Lymph Node	Whole Head	Ear Tag Submitted
5.					☐	☐	☐	☐
6.					☐	☐	☐	☐
7.					☐	☐	☐	☐
8.					☐	☐	☐	☐
9.					☐	☐	☐	☐
10.					☐	☐	☐	☐
11.					☐	☐	☐	☐
12.					☐	☐	☐	☐
13.					☐	☐	☐	☐
14.					☐	☐	☐	☐
15.					☐	☐	☐	☐
16.					☐	☐	☐	☐
17.					☐	☐	☐	☐
18.					☐	☐	☐	☐
19.					☐	☐	☐	☐
20.					☐	☐	☐	☐
21.					☐	☐	☐	☐
22.					☐	☐	☐	☐
23.					☐	☐	☐	☐
24.					☐	☐	☐	☐
25.					☐	☐	☐	☐
26.					☐	☐	☐	☐