

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***

NOTE: Submitters without Sample Collector ID must submit payment with samples.
\$44.50 for CWD IHC testing, plus \$10.00 accession fee, and an additional \$40.00 if whole head is submitted.

Submitter Information

FILL IN ALL FIELDS AND PRINT CLEARLY:

Date Submitted: _____

Premises ID:	<i>Veterinarian Submissions</i> <i>(veterinarian will automatically receive copy if filled out)</i>
Owner Name:	Veterinarian Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
RESULTS ARE AVAILABLE VIA EMAIL ONLY	
Owner Email:	Veterinarian Email:

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

Name of CWD Authorized Sample Collector:	Authorized CWD Sample Collector ID:
Sample Collection Date:	Date of Animal Death:
☐ Moved live to slaughter facility for harvest Slaughter Facility Name: _____ ☐ Harvested on farm ☐ Died on Farm	

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 Tissue and Tag
1.					☐	☐	☐	☐
2.					☐	☐	☐	☐
3.					☐	☐	☐	☐
4.					☐	☐	☐	☐

Premises ID:	Owner Name:	Date:
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ALL FIELDS REQUIRED:

CHECK ALL THAT APPLY:

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