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.**
The producer must pay an additional fee if whole cervid head is submitted for CWD sample collection.

Submitter Information

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

Owner Information	*Veterinarian Submissions (veterinarian will automatically receive copy if filled out)*
Premises ID:	**Veterinarian Name:**
Owner Name:	**Veterinary Clinic Name:**
Phone:	**Phone:**
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:**

Moved live to a Federal or State slaughter inspected facility. If yes, Facility Name:_____	Yes ◯	No ◯
Verify the official ear tag with tissue attached matches the ID.	Yes ◯	No ◯
Each submission includes the brain stem and lymph nodes.	Yes ◯	No ◯
Whole head submitted for MVDL to pull brain stem and lymph nodes.	Yes ◯	No ◯

Animal Information

ALL FIELDS REQUIRED:

Official ID (required)	Add'l Tag(s)	Species	Age	Sex	Date of Death	Date sample collected	Died on Farm	Harvested on Farm
1.							◯	◯
2.							◯	◯
3.							◯	◯

Premises ID:	Owner Name:	Date:

ALL FIELDS REQUIRED:

Official ID (required)	Add'l Tag(s)	Species	Age	Sex	Date of Death	Date sample collected	Died on Farm	Harvested on Farm
4.							◯	◯
5.							◯	◯
6.							◯	◯
7.							◯	◯
8.							◯	◯
9.							◯	◯
10.							◯	◯
11.							◯	◯
12.							◯	◯
13.							◯	◯
14.							◯	◯
15.							◯	◯
16.							◯	◯
17.							◯	◯
18.							◯	◯
19.							◯	◯
20.							◯	◯
21.							◯	◯
22.							◯	◯
23.							◯	◯
24.							◯	◯
25.							◯	◯