

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.
\$43.00 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:
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Moved live to slaughter facility for harvest Slaughter Facility Name: _____</div><div><input type="checkbox"/> Harvested on farm <input type="checkbox"/> Died on Farm</div></div>	

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.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>