

**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

**Lab
 Use
 Only**

FILL IN ALL FIELDS AND PRINT CLEARLY:

Date Submitted: _____

Premises ID:	Veterinarian Submissions <i>(veterinarian will automatically receive copy if filled out)</i>
Owner Name:	Veterinarian Name:
<u>Mailing Address:</u>	<u>Mailing Address:</u>
City, State, Zip:	City, State, Zip:
Phone:	Phone:
<i>CHECK ONE:</i>	<i>CHECK ONE:</i>
<input type="checkbox"/> Mail Results (using address above)	<input type="checkbox"/> Mail Results (using address above)
<input type="checkbox"/> Fax Results – number:	<input type="checkbox"/> Fax Results – number:
<input type="checkbox"/> Email Results – address:	<input type="checkbox"/> Email Results – address:

ALL FIELDS REQUIRED:

CHECK ALL THAT APPLY:

	ID Tag(s)	Species	Age	Sex	Brain Stem	Lymph Node	Whole Head
1							
2							
3							
4							
5							
6							
7							
8							

Premises ID:	Owner Name:	Date:
--------------	-------------	-------

ALL FIELDS REQUIRED:

CHECK ALL THAT APPLY:

	ID Tag(s)	Species	Age	Sex	Brain Stem	Lymph Node	Whole Head
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							