

**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](mailto: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:** \_\_\_\_\_

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

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

<b>Name of CWD Authorized Sample Collector:</b>	<b>Authorized CWD Sample Collector ID:</b>
<b>Sample Collection Date:</b>	<b>Date of Animal Death:</b>
<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"/>