

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: _____

| | | |
|---|---|--|
| Premises ID: | Veterinarian Submissions (veterinarian will automatically receive copy if filled out) | |
| 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

Harvested on farm

Slaughter Facility Name: _____

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. | | | | | <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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|------------------------|--------------|---------|-----|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |