

Pennsylvania Animal Diagnostic Laboratory System



Chronic Wasting Disease Submission Form

**HAND DELIVER TO ONE OF THE LABS BELOW
OR IF MAILING, SUBMIT ONLY TO THE
HARRISBURG LOCATION (PVL)**

Pennsylvania Veterinary Laboratory
PA Department of Agriculture
2305 North Cameron Street
Harrisburg, PA 17110
(717) 787-8808

New Bolton Center
University of Pennsylvania
382 West Street Road
Kennett Square, PA 19348
(610) 444-5800

Animal Diagnostic Laboratory
Pennsylvania State University
Wiley Lane
University Park, PA 16802
(814) 863-0837

Accession #:
(Lab Use Only)

Shipping Method: Drop Off US Mail Courier:
Specimen(s) Submitted: Whole Deer Head Only Fixed/Fresh Tissue Other:
RA Number:
Misc. Lab Notes:
(Lab Use Only)

Send Report to: <input type="checkbox"/> Owner <input type="checkbox"/> Veterinarian <input type="checkbox"/> CCT <input type="checkbox"/> Other:	Send By: <input type="checkbox"/> Fax <input type="checkbox"/> Fax <input type="checkbox"/> Fax <input type="checkbox"/> Fax:	<input type="checkbox"/> E-Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> E-Mail:	<input type="checkbox"/> US Mail <input type="checkbox"/> US Mail <input type="checkbox"/> US Mail <input type="checkbox"/> US Mail:	<input type="checkbox"/> Priority <input type="checkbox"/> Bill To:	Purpose of Test: <input type="checkbox"/> Herd Certification Program <input type="checkbox"/> Herd Monitored Program
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Owner		Veterinarian/Certified CWD Technician(CCT)	
Name: Print: Signature:		Name: Print: Signature:	
Business Name:		Business Name:	
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Phone:	Fax:	Phone:	Fax:
Premises ID:		Vet Code	CCT #
E-Mail Address:		E-Mail Address:	

Chain of Custody form shall be attached to the outside of the box for completion

Container #	Official ID	Other ID	Species	Sex	Age	Date Collected
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Condition of Samples/Comments: _____

Was there any illness noticed in the animals that died? Yes No If yes, what were they? _____

Pennsylvania Animal Laboratory Diagnostic System



CWD Chain of Custody Form

****THIS IS TO BE SIGNED BY ALL COLLECTORS,
COURIERS AND LABORATORY PERSONNEL
IN CUSTODY OF THE SAMPLES ENCLOSED.
(CONTINUE ON BACK IF NECESSARY)***

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Accession #:
(Lab Use Only)

This form accompanies the submission of :
Official ID# _____
Through
Official ID# _____
Total number of animals: _____

Premise ID/Address:

Custody at Cervid Premises:

Owner/Agent Name: _____ Signature: _____

Date: _____ Time: _____

Custodian:

Print Name: _____ Signature: _____

Date: _____ Time: _____ Location: _____

Custodian:

Print Name: _____ Signature: _____

Date: _____ Time: _____ Location: _____

Custodian:

Print Name: _____ Signature: _____

Date: _____ Time: _____ Location: _____

Custodian:

Print Name: _____ Signature: _____

Date: _____ Time: _____ Location: _____

Custodian:

Print Name: _____ Signature: _____

Date: _____ Time: _____ Location: _____