

**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  
Orchard Road  
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: \_\_\_\_\_