**Chronic Wasting Disease Submission Form**

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

<table>
<thead>
<tr>
<th>Pennsylvania Veterinary Laboratory</th>
<th>University of Pennsylvania</th>
<th>Animal Diagnostic Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA Department of Agriculture</td>
<td>Pennsylvania State University</td>
<td>Orchard Road</td>
</tr>
<tr>
<td>Harrisburg, PA 17110</td>
<td>Kennett Square, PA 19348</td>
<td>University Park, PA 16802</td>
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<tr>
<td>(717) 787-8808</td>
<td>(610) 444-5800</td>
<td>(814) 863-0837</td>
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</table>

**Shipping Method:**
- [ ] Drop Off
- [ ] US Mail
- [ ] Courier:
  - [ ] Fixed/Fresh Tissue
  - [ ] Other:

**Specimen(s) Submitted:**
- [ ] Whole Deer
- [ ] Head Only
- [ ] Other:

**RA Number:**

**Misc. Lab Notes:**

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**Owner**

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<tr>
<th>Name: Print:</th>
<th>Signature:</th>
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</table>

**Veterinarian/Certified CWD Technician (CCT)**

| Name: Print: | Signature: |

**Send Report to:**
- [ ] Owner
- [ ] Veterinarian
- [ ] CCT
- [ ] Other:

**Send By:**
- [ ] Fax
- [ ] E-Mail
- [ ] US Mail

**Priority:**
- [ ] Priority

**Purpose of Test:**
- [ ] Herd Certification Program
- [ ] Herd Monitored Program

**Bill To:**

**RA Number:**

**Purpose of Test:**

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

<table>
<thead>
<tr>
<th>Container #</th>
<th>Official ID</th>
<th>Other ID</th>
<th>Species</th>
<th>Sex</th>
<th>Age</th>
<th>Date Collected</th>
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</tbody>
</table>

**Condition of Samples/Comments:**

**Was there any illness noticed in the animals that died?**
- [ ] Yes
- [ ] No

If yes, what were they?

--

PD CWD FORM 01 (August, 2013)
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)

Accession #: (Lab Use Only)

This form accompanies the submission of:

Official ID# ____________________________
Through ____________________________
Official ID# ____________________________
Total number of animals: ____________________________

Premise ID/Address:

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

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: ____________________________

Custodian:
Print Name: ____________________________ Signature: ____________________________
Date: ____________ Time: ____________ Location: ____________________________