

**Pennsylvania Animal Diagnostic Laboratory System**



**Chronic Wasting Disease Submission Form**

**HAND DELIVER TO ONE OF THE LABS BELOW.  
IF MAILING, SUBMIT CAPTIVE CERVIDS TO  
HARRISBURG (PVL), SUBMIT WILD CERVIDS  
TO NEW BOLTON CENTER (NBC)**

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) 925-6725

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

Accession #:  
*(Lab Use Only)*

Shipping Method:      Specimen(s) Submitted:

Drop Off                       Whole Deer  
 US Mail                         Head Only  
 Courier:                          Fixed/Fresh Tissue  
 Other:

RA Number:  
Misc. Lab Notes:

*(Lab Use Only)*

Send Report to:	Send By:	Purpose of Test (Check ONE only):	
<input type="checkbox"/> Owner	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> US Mail
<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> US Mail
<input type="checkbox"/> CCT	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> US Mail
<input type="checkbox"/> Other:	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> US Mail
		<input type="checkbox"/> Herd Certification Program	<input type="checkbox"/> Wildlife Surveillance (PA Game Commission Use Only)
		<input type="checkbox"/> Herd Monitored Program	
		<input type="checkbox"/> CWD Investigation (Check Only if instructed by PDA)	

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						

Were any signs of illness noticed in any of the animals listed above?      Yes      No      If yes describe below

**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: \_\_\_\_\_

Premises 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: \_\_\_\_\_