

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



CWD Submission Form

Billing & Reporting Preferences

Bill To:	Fax	Email	US Mail
Owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CWD Tech/Vet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accession No:
(Assigned by lab)

Shipping Method: Drop Off US Mail: _____ Transport Co: _____ Local Courier: _____/Region: _____
 Specimen Type: Whole Deer Head Only Fixed Tissue _____ Fresh Tissue _____ Other _____
 Quality Issues/Lab Notes: _____

Purpose of Test:

- Herd Certification Program
- Herd Monitored Program
- CWD Investigation/Quarantined Herd
- Wildlife Surveillance (PA Game Commission)

Owner Information:

Owner: _____
 Business: _____
 Billing/Reporting Address: _____

 Phone: _____
 Fax: _____
 Email: _____

Certified CWD Technician/Veterinarian Info:

License No: _____
 Name: _____
 Address: _____

 Phone: _____
 Fax: _____
 Email: _____

Premises Information: (Physical location of animals)

Federal Premises ID: _____
 State Premises ID: _____
 Address: _____

Container #	Official Animal ID	Farm ID	Species	Sex	Age	Collection Date
1.						
	NOTES: _____					
2.						
	NOTES: _____					
3.						
	NOTES: _____					
4.						
	NOTES: _____					
5.						
	NOTES: _____					
6.						
	NOTES: _____					

Custody at Cervid Premises: Date: _____ Time: _____ Location: _____

Print Owner/Agent Name: _____ **Signature:** _____

By Signature hereon, you are attesting you have reviewed and approved the entire form.

PADLS reserves the right to perform tests for any of the diseases regulated or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgment that some tests may be performed at other laboratories.



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CWD Chain of Custody Form Continued

This form is to be signed by ALL collectors, couriers, and laboratory personnel in custody of the samples that are being submitted for testing.

Chain of Custody-Certified CWD Technician

Custodian 1: **Date:** _____ **Time:** _____ **Location:** _____

Print Name: _____ **Signature:** _____

Custodian 2: **Date:** _____ **Time:** _____ **Location:** _____

Print Name: _____ **Signature:** _____

Custodian 3: **Date:** _____ **Time:** _____ **Location:** _____

Print Name: _____ **Signature:** _____

Custodian 4: **Date:** _____ **Time:** _____ **Location:** _____

Print Name: _____ **Signature:** _____

Custodian 5: **Date:** _____ **Time:** _____ **Location:** _____

Print Name: _____ **Signature:** _____

Container #	Official Animal ID	Farm ID	Species	Sex	Age	Collection Date
7.						
	NOTES:					
8.						
	NOTES:					
9.						
	NOTES:					
10.						
	NOTES:					
11.						
	NOTES:					
12.						
	NOTES:					
13.						
	NOTES:					
14.						
	NOTES:					
15.						
	NOTES:					
16.						
	NOTES:					
17.						
	NOTES:					

Additional Information/Instructions:

Container #	Official Animal ID	Farm ID	Species	Sex	Age	Collection Date
18.						
	NOTES:					
19.						
	NOTES:					
20.						
	NOTES:					
21.						
	NOTES:					
22.						
	NOTES:					
23.						
	NOTES:					
24.						
	NOTES:					
25.						
	NOTES:					
26.						
	NOTES:					
27.						
	NOTES:					
28.						
	NOTES:					

Additional Information/Instructions: