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
131 Pastureview Rd
University Park, PA 16802
(814) 863-0837

PADLS
pennsylvania animal diagnostic laboratory system

CWD Submission Form

Billing & Reporting Preferences

Bill To:	Fax	Email	US Mail
Owner	☐	☐	☐
CWD Tech/Vet	☐	☐	☐
PDA	☐	☐	☐

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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Accession Number:
(Assigned by lab)

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:**_____

CWD Specimen Submission Form **Client:**_____ **Accession No:*(Assigned by lab)***_____

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:

CWD Specimen Submission Form **Client:**_____ **Accession No:***(Assigned by lab)*_____

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: