

CWD HUNTER SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON

www.wvdl.wisc.edu

Email: submissions@wvdl.wisc.edu

MADISON
445 Easterday Lane,
Madison, WI 53706-1253
PH: (800) 608-8387
FAX: (608) 504-2594

Lab Use Only

Hunter Information

*Name _____
*Address _____
*City _____ *State/Zip _____
Phone _____
DNR/CWD # _____
*Email _____
Also Email Results to Third Party: _____

* Required Fields

Landowner/Harvest Location

Name _____
Address _____
City _____
Township _____
*County _____ State/Zip _____
Lat & Long _____
IL Region _____
MN Range _____ MN Section _____
Zone _____

Date Shipped _____

Submitting: Head Lymph Node *Please visit wvdl.wisc.edu for lymph node harvest and packaging instructions.

Animal Information

	Harvest Tag ID	Harvest Date	Species	Sex	Age
1.	_____	_____	<input type="checkbox"/> WTD <input type="checkbox"/> Elk	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult
2.	_____	_____	<input type="checkbox"/> WTD <input type="checkbox"/> Elk	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult
3.	_____	_____	<input type="checkbox"/> WTD <input type="checkbox"/> Elk	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult
4.	_____	_____	<input type="checkbox"/> WTD <input type="checkbox"/> Elk	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult

Any abnormalities noted: _____

Test Information

This form for CWD ELISA testing on wild deer only. Captive deer submissions **MUST** use the USDA VS 10-4 form instead. All data and results will be reported to the State Wildlife Agency in which the harvest occurred. Results will be emailed to the address provided above and will also be available on the State Wildlife Agency website.

Payment Information

Please visit the test catalog on our website for current prices. Submission of heads will incur additional charge. By signing below you agree to be responsible for all charges related to shipping and testing. You will be invoiced for any charges and can pay via credit card on the WVDL website or by check. Check #: _____

Hunter/Owner Signature _____

Please visit our website for our submission guidelines.

Opened By Lab Use Only

Temp: Cool/Ice Pack Warm Frozen

Head _____ Lymph Node _____ Obex _____