



WILD WHITE-TAILED DEER CHRONIC WASTING DISEASE (CWD) SAMPLE SUBMISSION

State Form 56572 (R3 / 10-24)

Indiana Department of Natural Resources

FOR WILD DEER ONLY. NOT FOR USE FOR FARMED DEER SAMPLES.

One animal per form. Use this form only for testing wild (not farmed) deer samples harvested in Indiana. Retropharyngeal lymph nodes +/- obex samples collected and placed in formalin within twenty-four (24) hours of death are preferred. Fresh samples (not in formalin) should be kept chilled and shipped overnight within twenty-four (24) hours of death. If a whole head is submitted, it will not be returned. The validity of results depends on the correct sample being submitted. The submitter is responsible for submitting the correct samples for testing. Refer to the Animal Disease Diagnostic Laboratory (ADDL) website for fees and instructions for packaging and shipping samples. Payment must be included or test will not be run. Testing is for CWD screening only and does not ensure the absolute safety of meat for consumption. "Not detected" results do not exclude the possibility of early stage CWD. Results will be e-mailed to submitter within approximately three (3) weeks.

Submit samples, check for payment made out to Purdue University, and this form to:

ADDL at Purdue University

406 S University St

West Lafayette, IN 47907-2065

P: 765-494-7440 F: 765-494-9181

For questions or to request testing of deer harvested outside Indiana, contact the Indiana DNR Wildlife Health Program at DFWHealth@dnr.IN.gov.

For payment or billing questions contact: ADDL Business Office, 765-494-7444.

All information is required. Fill in ALL fields and TYPE or PRINT CLEARLY.

LAB USE ONLY

HUNTER / SUBMITTER

Name _____

Address (number and street) _____

City, State, ZIP _____

Telephone _____

E-mail _____

VETERINARIAN (IF SAMPLE COLLECTED BY VETERINARIAN)

Name _____

Address (number and street) _____

City, State, ZIP _____

Telephone _____

E-mail _____

SAMPLE IDENTIFICATION

DNR Confirmation Number _____ Species _____ Sex _____ Estimated Age _____

Cause of death (Check one): ☐ Hunter Harvested ☐ Found dead (Motor vehicle collision)

Kill site county and location data (Closest address/crossroads or GPS coordinates - be as specific as possible.):

Please describe any signs of illness if noted: _____

Date of death (Month/Day/Year): _____ Date sample collected (Month/Day/Year): _____

Samples submitted (Check one or more): ☐ Retropharyngeal lymph node ☐ Obex ☐ Whole head

Sample condition (Check one or more): ☐ In formalin ☐ Fresh/chilled

Sample collected by (Name): _____