



# Farmed Cervidae CWD Sample Submission

State Form 55720 (R / 12-14)

Indiana State Board of Animal Health



Lab  
Use  
Only

**\*\* One (1) Animal per Form \*\***

Submit samples and this form to:

**Animal Disease Diagnostic Laboratory  
Purdue University  
406 S. University St.  
West Lafayette, IN 47907-2065**

Telephone (765) 494-7440 Fax (765) 494-9181

**Questions? contact:**

**Indiana State Board of Animal Health,  
Shelly Chavis, DVM, Cervid Health Director,  
260-450-2139 or schavis@boah.in.gov**

**Payment or Billing Questions? contact:**

**ADDL Business Office  
Telephone (765) 494-7444**

**FILL IN ALL FIELDS AND PRINT CLEARLY.**

Premises Identification	Veterinarian Submission <i>(to be completed if veterinarian collects sample)</i>
Owner Name	Veterinarian Name
Mailing Address <i>(number and street)</i>	Mailing Address <i>(number and street)</i>
City, State, ZIP	City, State, ZIP
Telephone	Telephone
Premises Address <i>(number and street)</i> <input type="checkbox"/> same as mailing address	BOAH Field Veterinarian
Premises City, State, ZIP	

**SELECT ONE** (for delivery of laboratory results)

Mail:  owner address above OR  other: \_\_\_\_\_

Fax - number: \_\_\_\_\_

Email - address: \_\_\_\_\_

**ALL FIELDS REQUIRED:**

Official Identification Tag	Second Identification Tag	Species	Age	Sex	Samples submitted:
					<input type="checkbox"/> Obex <input type="checkbox"/> Lymph Node <input type="checkbox"/> Whole Head

Date of death *(month/day/year)*  
\_\_\_\_\_

Date Sample Collected *(month/day/year)*  
\_\_\_\_\_

Cause of death, if known:  
\_\_\_\_\_

Sample Collected By:  
\_\_\_\_\_

Notes (condition of sample/head, previously frozen, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

*Notice: Producers must include payments with head(s)/sample(s), or test will not be done. Veterinarians will be billed as usual.*