


**Cervid Accession Sheet**  
**Chronic Wasting Disease Report**

One sample per form -- Please type or print clearly

Livestock Disease Diagnostic Center 1490 Bull Lea Road P O Box 14125 Lexington, KY 40512-4125 Ph 859/253-0571, Fax 859/255-1624	 <b>UNIVERSITY OF KENTUCKY</b> College of Agriculture Livestock Disease Diagnostic Center	Accession #:
		Date/Time:
		Species:
		Breed:
		Sex:                      Age:
		Color/Weight:
		Animal ID:

OWNER			VETERINARIAN		
Owner/Manager:	Name:	Vet Code:			
Farm Name:	Address:				
Address:	City:				
City:	State:	Zip Code:                      County:			
State:              Zip Code:                      County:	Phone:				
Phone:	Fax:				
Fax:	E-mail:				

Date of death:	# in Herd:	# Sick:	# Dead:
Duration of Illness:	Have others been submitted:	When:	Case #:
Nutrition (type/quality of feeds, supplements, etc):			
Clinical Observations:			

Additional Tests Requested (if any): \_\_\_\_\_

**CWD testing: Samples must include retropharyngeal lymph node and obex.**

**FOR LAB USE ONLY**

Specimens Rec'd: Nec   His   Bact   Cl Path   M Bio   Ser   Vir   Tox   Other
Carrier: Mail   Walk-in   UPS   Bus   FDX   Owner   Veterinarian   Other: _____
Coordinator:
Condition:

Date Sample Forwarded to NVSL and initials (by whom): \_\_\_\_\_