General Sample Submission Form

FedEx/UPS/Drop Off Address: CSU Veterinary Diagnostic Laboratory
300 West Drake Road
Fort Collins, CO 80526

USPS Only Address: CSU Veterinary Diagnostic Laboratory
200 West Lake Street
1644 Campus Delivery
Fort Collins, CO 80523-1644

Veterinarian: Montana Fish, Wildlife and Parks
Clinic: Wildlife Health Lab
Address: 1400 S. 19th Avenue
City: Bozeman State: MT Zip: 59718
Phone: (406) 994-6358

Send Results By: Fax

Owner/Producer: 
Business/Premise ID: 
Address: 
City: State: Zip:

Person to be Billed: Veterinarian 
Owner/Producer

Report Results To: Veterinarian 
Owner/Producer

Send Results By: Fax

Avian (specify): 
Bovine
Camelid
Canine
Caprine
Equine
Feline
Ovine
Porcine
Reptile/Amphibian (specify):
Wildlife/Exotic (specify): 
Other (specify):

Specimen(s): Whole Blood
Serum
Culture Plate Isolate
Swab (specify): 
Tissue(s) (specify): Retropharyngeal Lymph Nodes

Send Results By: Fax

ANIMAL IDENTIFICATION (if >3 samples, continue on Multiple Animal Submission Form)

<table>
<thead>
<tr>
<th>Animal Name/ Number/ ID</th>
<th>Breed</th>
<th>Age</th>
<th>Sex</th>
<th>Collection Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HISTORY (include clinical signs, differential diagnoses, antibiotic use, vaccine history, duration, number of animals affected, etc.) If more space is needed, please continue on and attach an additional page.

If sharing with MT FWP, please provide location of harvest (TRS, Lat/Long, or detailed description):

Please perform ELISA for CWD on tissue provided.

□ STAT -- Additional Charge, Contact Lab for Pricing