

Lab Use Only



University of New Hampshire

NH Veterinary Diagnostic Laboratory

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SCRAPIE, BSE, CWD SUBMISSIONS

Submission Date: _____	Owner: _____
Veterinarian: _____	Address: _____
Clinic/Hospital: _____	City/Town: _____
Address: _____	State: _____ Zip: _____
City/Town: _____ State: _____ Zip: _____	Mail _____
Phone: _____	Fax: _____
	Email: _____

TEST REQUESTED:

Scrapie

BSE

CWD

Species: _____

Breed: _____

Scrapie Specific Submissions

Is owner enrolled in the voluntary scrapie flock certification program? Yes No

Flock Premise ID: _____

Animal Purpose: Dairy Meat Fiber Multipurpose

Face Color: _____

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Date received: _____ Location of specimen: _____

Received by: _____ Description: Box Bag Styrofoam Other _____

Specimen Shipped for Referral Testing Date: _____ By: _____