

Lab Use Only
UNH No: _____
Charges: _____



University of New Hampshire
 NH Veterinary Diagnostic Laboratory
 21 Botanical Lane Durham, NH 03824
 P: (603) 862-2726 F: (603) 862-0179
 E: nh.vdl@unh.edu www.nhvdh.unh.edu

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:** _____

Animal ID / Ear Tag	Sex	Age	Date of Death	Specimen Submitted	How has body been stored?	Was animal born on premise or purchased?	Reason for submission – CNS or Surveillance?

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: _____

Lab Use Only

Date received: _____ Location of specimen: _____

Received by: _____ Description: Box Bag Styrofoam Other _____

Specimen Shipped for Referral Testing Date: _____ By: _____