

Specimen Submission Form

Southeastern Cooperative Wildlife Disease Study

https://vet.uga.edu/education/academic-departments/population-health/southeastern-cooperative-wildlife-disease-study/scwds-wildlife-service-lab/diagnostic-submissions/

Wildlife Health Building 589 D. W. Brooks Drive Athens, GA 30602 706-542-1741 scwds@uga.edu

SHIPPING INSTRUCTIONS

1. Contact SCWDS prior to shipp	ing 2. Go to link	above for detailed instru	uctions 3. S	Ship to address above
SCWDS OFFICE USE ONLY	Case # <u>W</u>	Date Receiv	ed	Diagnostician
SUBMITTER INFORMATION				
Organization		Address		
Contact person				
Phone number				
Email address				
SPECIMEN INFORMATION Ple	ase use separate subm	ission form for different sp	ecies, locations and/	or dates involved
		ividuals submitted		dead/
		te collected	Da ⁻	te shipped
How found? Dead Alive	e and died Disp	Describe method of diatched	ispatch; if gunshot, note l	ocation on body
How were samples stored?	·		Ice packs	Other
Type of sample: Carcass	Tissues Swa	List swab type	•	escribe sample type
Fresh:				
List tissues Fixed:				
Age Sex	Weight	Wt units	Agency ref #	
LOCATION WHERE SPECIMEN \	WAS FOUND			
County				
Address				
Rabies suspect? Yes		nan and/or domestic anin	•	ected, contact local public
Requested tests:	CWD EHDV/	BTV (Mar-Oct) Ra	bies	
If this submission is related to an	y previous submissio	on, please add SCWDS ID	#s	
observations	s (if applicable); known hi	l appearance, nutritional cond story of disease in the area/se se, proximity to roads, power I	eason	rvations; field necropsy ial for poisoning), climatic factors