



CHRONIC WASTING DISEASE - HUNTER SUBMISSION FORM

This is a voluntary deer or elk sample submission to South Dakota State University (SDSU), Animal Disease Research & Diagnostic Laboratory for Chronic Wasting Disease (CWD) testing. South Dakota Game, Fish and Parks (GFP) will pay for laboratory CWD testing costs for deer or elk harvested in South Dakota; hunters are responsible for any costs associated with obtaining sample (e.g., if a veterinarian pulls the sample) and delivery of the sample to the SDSU Diagnostics Lab (e.g., shipping and handling). By submission of this sample, you acknowledge that sample and test results (positive or negative) will be provided to you and GFP. This will assist GFP in the continuing effort to survey for the disease.

HUNTER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
License Number: _____ Today's Date: _____
e-mail: _____ Phone: _____

ANIMAL INFORMATION

(circle or fill out all appropriate information)

Species: white-tailed deer mule deer elk Sex: male female Age: fawn adult
Sample submitted: Head Obex Retropharyngeal Lymph Nodes
Date of harvest: _____ County: _____ Hunt Unit#: _____
Lat/Long or harvest location description: _____

Submit samples per the instruction on the GFP website: <https://gfp.sd.gov/cwd-testing/>

Samples should be shipped or delivered to:

South Dakota State University
Animal Disease Research & Diagnostic Lab
Box 2175, 1155 North Campus Drive
Brookings, SD 57007-1396

SDSU LAB USE ONLY

SDSU Case #: _____ Delivery Date: _____
Requested Tests: *CWD IHC or Aq Capture ELISA (ACE) on brain, ACE on lymph nodes.*
Additional Information: *Hunter harvested animal. Please report results to SDGFP and owner.*

