

Veterinary Diagnostic Laboratory
1850 Christensen Dr | Ames, IA 50011-1134
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

Laboratory Use Only Case No. _____

No. Samples _____

REQUIRED FIELDS

SUBMITTER _____

Organization _____

Address _____

City, State & Zip _____

Phone _____ Fax _____

Email _____

Report Results via: Email Mail

Third-Party Billing

IF DIFFERENT AND APPLICABLE COMPLETE BELOW

OWNER _____

SITE NAME _____

Address _____

City, State & Zip _____

Premises ID# (attach premises ID bar code sticker if available)

By submission of this sample, you acknowledge that test results will be released to you, the submitter, and shared with the Iowa Department of Natural Resources to assist in Chronic Wasting Disease monitoring efforts. All samples become the property of the Iowa DNR and will not be returned to submitter.

For location of harvest: Please refer to the Iowa DNR's Public Hunting Atlas online, pan over map for GPS coordinates (lower left) or turn on the Section Lines layer to retrieve TRS information.

SAMPLES

Species: White Tail Deer
 Other _____

Sample ID #	Registration # (below barcode on bottom left of tag)	County	Date of Harvest (mo/dy/yr)	Sex (M, F)	Age (fawn, yearling, adult)			Location (choose 1)						
					Fw	Yr	Ad	GPS Coords Lat Long		TRS (Township, Range, Section) T R S			Nearest Intersection or City	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														