

Alabama CWD Surveillance
Department of Conservation and Natural Resources
Department of Agriculture and Industries
Thompson Bishop Sparks State Diagnostic Laboratory
890 Simms Road, Auburn, AL 36831
Phone: (334) 844-4987 Fax: (334) 844-7206

Submitted samples become the property of the laboratory.

Farm/Pen Raised Deer

Owner/Farm _____
(or Submitter)

Address _____

County _____

Contact Phone # _____

Reference Veterinarian _____

Clinic _____

LAB USE ONLY

AVDL Case #

Date Received

Date Received @ Auburn Lab

Case Assignment _____

Hunter Harvested Deer

Killed By _____

Contact # _____

County _____

Collected By _____

Date Collected _____

Processing Plant _____

DCNR Deer Number _____

Other ID/Farm Tag _____

Buck _____ **Doe** _____ **Age** _____

Captive _____ **Wild** _____

Date Died/Killed _____

Sign _____ **Print** _____ **Date** _____

Some testing may be subcontracted out to qualified laboratories. You will be contacted for permission if this will incur further charges

NOTES / COMMENTS