

Instructions — Exotic CWD Susceptible Species Test Submission

This form was created to facilitate the submission of eligible Exotic CWD Susceptible Species test samples as required by Texas Animal Health Commission (TAHC) rule (Title 4, Part 2, Chapter 40, §40.5 of the Texas Administrative Code). A copy of this rule may be found [here](#), or at sos.texas.gov/tac/index.shtml.

Form Completion

- **TVMDL Account #:** Texas Veterinary Medical Diagnostic Lab (TVMDL) billing account number. If you do not have a TVMDL account, visit “tvmdl.tamu.edu” to establish an account.
- **Accession #:** Completed by TVMDL, please leave blank.
- **Property PIN or LID:** Unique premises identification number assigned by the TAHC Central Office or a Region Office. Herd owners may call either office to obtain PIN or LID numbers.
- **County:** County where premises is located.
- **Property Owner Name:** Name of owner or the owner’s authorized agent, such as a ranch manager.
- **Property Name:** Name of facility where exotic CWD susceptible species are located. If property name is the same as owner name, write the owner name in this block. Do not leave blank.
- **Property Owner’s Mailing Address:** Mailing address of the property owner or the owner’s authorized agent.
- **Property Owner’s Phone:** Phone number of property owner or the owner’s authorized agent.
- **Property Owner’s Alternate Phone:** Additional phone number of property owner or the owner’s authorized agent.
- **Property Owner’s Email:** Electronic address of property owner or the owner’s authorized agent.
- **TAHC Certified CWD Sample Collector:** Name of the USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **NAN (if applicable):** National Accreditation Number for Veterinarians.
- **Collector Signature:** Signature of the USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **Collector Mailing Address:** Mailing Address of the USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **Collector Phone:** Phone number of the USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **Collector Alternate Phone:** Additional phone number of the USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **Collector Email:** Electronic address of USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-Mortem Sample Collector.
- **Collection Date:** Date sample collected by USDA Category II Accredited Veterinarian or TAHC Certified CWD Post-mortem Sample Collector. Please enter as mm/dd/yy.
- **Animal Identification:** List all forms of identification located on the animal.

- **Age:** Age or estimated age of animal.
- **Species:** List species of animal (ex. North American elk or wapiti, black tailed deer, red deer, reindeer, Sika deer, moose, or any associated subspecies and hybrids).
- **Sex:** Male (M) or female (F).
- **Tissue Type:** Obex and retropharyngeal lymph nodes (RLN).
- **Remarks & Additional Info:** Any other identification and/or pertinent information (i.e. gps coordinates where animal was harvested).
- **Form Submission:** The completed form and sample(s) are to be submitted to TVMDL for testing. Visit “tvmdl.tamu.edu” for more information.

All test results accompanied with a test record form shall be submitted to TAHC within 30 days of receiving the test results by sending to Texas Animal Health Commission, CWD Susceptible Species Reporting, P.O. Box 12966, Austin, Texas 78711-2966; or by fax to (512) 719-0729; or by email to Texas Animal Health Commission “CWD_reports@tahc.texas.gov”



Texas Animal Health Commission

Exotic CWD Susceptible Species Test Submission

TVMDL Account #: _____

Accession #: _____

Owner / Property Information			Collector Information	
Property PIN or LID	County	TAHC Region	TAHC Certified CWD Sample Collector	NAN (if applicable)
Property Owner Name		Property Name	Collector Signature	
Property Owner's Mailing Address			Collector Mailing Address	
Property Owner's Phone	Alternate Phone		Collector Phone	Collector Alternate Phone
Property Owner's Email			Collector Email	

NO.	COLLECTION DATE	ANIMAL IDENTIFICATION (or enter None if applicable)	AGE	SPECIES	SEX	TISSUE TYPE	TEST REQUESTED	REMARKS & ADDITIONAL INFO
1							IHC	
2							IHC	
3							IHC	
4							IHC	
5							IHC	
6							IHC	
7							IHC	
8							IHC	
9							IHC	
10							IHC	