

Louisiana Animal Disease Diagnostic Laboratory

Phone: (225)578-9777

Address: Fax: (225)578-9784 LSU, River Road, Room 1043

Website: www.laddl.org/ Baton Rouge, LA 70803

Lab Use Only LABEL

CHRONIC WASTING DISEASE SUBMISSION FORM					
LADDL Account#	Owner:				
Veterinarian:		Farm:			
Clinic Name:		Address:			
		City:Zip:			
Address: State: Zip		Phone:Email:			
Phone:Fax:	Submission of specimens by your veterinarian is recommended. Payment is due upon submission. Clinic billing requires consent.				
Email:	*GPS or Zip code of animal location is required for testing.				
	des of zip code of animal location is required for testing.				
Billing: ☐ Veterinarian ☐ Clinic ☐	Submitter (please print):				
•	Owner	For additional reporting, please include recipient fax or email here:			
	Mail (\$3 fee)	CLIDANTED	□ □ -:-	🗆 🗆	
NO. OF ANIMALS IN THIS SUBMISSION: SPECIMENS SUBMITTED					
Solost one					
NO SAMPLE ID	SEX AGE	BS RPLN	TONSIL §SURV	†CLINICAL SUSPECT	*GPS/ ZIP
LADIUSTONIUV					
FedEx USPS Good Cold Pack	Good Cold Pack Head Collection (ND021)		§ LDWF (all) IH019 § CWD Surveillance IH020 † CWD Clinical IH022		ACCESSIONED BY:
UPS Drop Off Leaked Frozen Courier Thawed	Body Collection (ND021) Obex/LN Col (IH106-HCWDOBLN)				Comments:
All samples and specimens submitted for testing become the property of the Louisiana Animal Disease Diagnostic Laboratory and WILL NOT leave the laboratory unless specific arrangements are made and approved by LADDL management. Privileged information regarding patients and clients will not be released without the owner's consent, unless required by law.					

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