



LADDL

Louisiana Animal Disease Diagnostic Laboratory

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Website: www.laddl.org/

Address:
LSU, River Road, Room 1043
Baton Rouge, LA 70803

Lab Use Only
LABEL

CHRONIC WASTING DISEASE SUBMISSION FORM

LADDL Account#
Veterinarian:
Clinic Name:
Address:
City: State: Zip
Phone: Fax:
Email:
Web access for results is available to web portal clients.

Owner:
Farm:
Address:
City: State: Zip:
Phone: Email:
Submission of specimens by your veterinarian is recommended.
Payment is due upon submission. Clinic billing requires consent.
*GPS or Zip code of animal location is required for testing.

Billing:
Report to:
Method:

Submitter (please print):
For additional reporting, please include recipient fax or email here:

NO. OF ANIMALS IN THIS SUBMISSION: SPECIMENS SUBMITTED Fresh Fixed Frozen

Mark each specimen(s) submitted. Animal shows clinical signs. Surveillance testing only.

Table with columns: NO, SAMPLE ID, SEX, AGE, OBEX/BS, RPLN, TONSIL, \$SURV, †CLINICAL SUSPECT, *GPS/ZIP

LAB USE ONLY

FedEx USPS Good Cold Pack Obex/LN Collection (HCWDOBLN) HCWDSUR HCWDCLIN
UPS Drop Off Leaked Frozen Head Disposal (ACWDDISPH) LaDWF (HCWDDWF)
Courier Thawed Body Disposal (ACWDDISPB) Out of state:
HCWDOOSS HCWDOOSC

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.