



# Wildlife Disease Reporting Form

GFP Investigator & Office: \_\_\_\_\_ Reporting Party: \_\_\_\_\_  
 GFP Phone # \_\_\_\_\_ RP Phone# : \_\_\_\_\_  
 Date Investigated: \_\_\_\_\_ Date of Report: \_\_\_\_\_

<b>LOCATION</b>	County: _____	
	UTM or Lat/long: _____	
<b>WILDLIFE</b>	Species: _____	
	Sex: _____	Age: _____
Brief Description of Animal(s) Behavior or Condition (emaciated, disoriented, wounds or any other distinguishing characteristics unique to this animal)		

## SDSU Submission Information

Date & Time of death: _____	Mark if urgent (need results ASAP)	
Delivery Date: _____		
Syndromes Requested:	Tests that will be run:	Samples Submitted
Complete Diagnostic Workup / Determine Cause of Death	All deemed appropriate	Whole carcass (CWD testing will be performed on all whole carcasses)
Central Nervous System Workup (CWD, meningeal worm, brain abscessation) (Suggested samples: Whole carcass, head, brain)	CWD IHC, Histopathology	Whole blood (purple top) number of tubes: _____
CWD Only (Suggested samples: Whole carcass, head, obex, lymph nodes)	CWD IHC or Ag Capture ELISA (ACE) on brain, ACE on lymph nodes	Serum (yellow or red top) number of tubes: _____
EHD/Bluetongue Only (Suggested samples: Whole carcass, Purple Top blood tube, spleen, other bloody tissues)	PCR for EHD & Bluetongue, virus serotyping	Head
Tuberculosis Only (Suggested samples: Whole carcass, lymph nodes, suspect lesions)	PCR for TB, histopathology	Obex
Other specific syndromes/requests:		Brain
Additional comments or instructions:		Spleen
		Others (list):