



## 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		REMARKS & ADDITIONAL INFO
							IHC	ELISA	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Distribute **3 copies** of completed form as follows: submit one with test submission, maintain one for recordkeeping, and submit one to TAHC using one of the options below.  
Submit all test results to TAHC within 30 days of receipt.  
Submit a completed Exotic CWD Susceptible Species Mortality Record (TAHC Form 17-10) by April 1st of each year.

By email: CWD_reports@tahc.texas.gov	Fax: 512-719-0729	By mail: TAHC, Attention CWD SS Reporting PO Box 12966 Austin, TX 78711-2966
---	----------------------	---



## Instructions — Exotic CWD Susceptible Species Test Submission (TAHC 17-11)

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](#)).

### 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](http://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).
- **Test:** Mark a selection for either IHC or ELISA test.
  - Enzyme-linked immunosorbent assay (ELISA) is used for fresh RLN and obex. This official test is for slaughter surveillance, carcass segregation at disposal, other purposes approved by APHIS, and is tested at TVMDL.
  - Immunohistochemistry (IHC) test is used for formalin-preserved RLN and obex. This official test is for routine surveillance and testing for epi investigations and specified herd plans.
  - Free-ranging elk may be tested by ELISA at TVMDL when collected at a check station. Both fresh RLN and obex shall be submitted. TVMDL will preserve tissues in formalin during processing. Any other free-ranging exotic CWD susceptible species must be tested with IHC.
  - Exotics tested under a herd plan or in a HCP shall be tested by IHC at TVMDL. Both RLN and obex shall be submitted. Premises owners that maintain exotic CWD susceptible species are required to test up to 3 mortalities annually. ELISA may be used for elk samples but other exotics shall request IHC. All samples should be sent to TVMDL.
- **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](http://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 [CWD\\_reports@tahc.texas.gov](mailto:CWD_reports@tahc.texas.gov).