CANADIAN WILDLIFE HEALTH COOPERATIVE

.....

SPECIMEN SUBMISSION FORM

ALBERTA REGION Faculty of Veterinary Medicine, University of Calgary 11877, 85th Street, NW Calgary, AB, T3R 1J3 Phone: 403.210.3824 / 403.210.6678

CWHC OFFICE USE ONLY		
CWHC # For research use?	Grant #	
DSU Case #	PI	
SUBMITTER INFORMATION Submis	ssion Date (yyyy/mm/dd):	
Organization	Address	
Name		
Phone number		
Email address	Fax number	
FINDER INFORMATION (if different from above)		
Name	Address	
Phone number		
Email address	Copy report to (Name and other email	
	either email, fax, or address)	
SPECIMEN INFORMATION		
Species	Specimen ID/Reference #	
Date found or collected		
	Total dead Total sick Total healthy	
Whole carcass or portion? Age	Sex	
(Dead/alive & diad/chat/trapped/		
	les stored? (Fresh/cool/frozen/fixed etc.)	
LOCATION WHERE SPECIMEN WAS FOUND		
Address/Location	Latitude GPS Coordinates (please	
description (Please be specific.	Longitude use degree decimal WGS84	
Enter legal land description here if	or UTM	
known)	Coordinates	
ADDITIONAL DETAILS Clinical signs such as: unusual behaviour and physical appearance, environmental circumstances (land use, habitat types, agricultural practices, proximity to roads or power lines, potential for poisoning etc.), climatic factors, suspected diseases, was the animal treated for disease, were samples sent to a lab (if so, which lab?). Where multiple animals/species are involved, please list total dead/sick/healthy by species if known. If samples were collected and sent to a lab, what type of sample and which lab?		
NOTE: If you need more space, please use the other side of thi	s page.	
	and use of the personal information contained herein for the purposes of correspondence, g of results, and geographical analysis of incidents.	

facebook.com/CWHCRCSF

@CWHCRCSF