

CANADIAN COOPERATIVE WILDLIFE HEALTH CENTRE
ATLANTIC REGION



Department of Pathology and Microbiology
Atlantic Veterinary College
University of Prince Edward Island
550 University Avenue
Charlottetown, PE, C1A 4P3
Telephone: (902) 628-4314 / FAX: (902) 566-0851
Web: atlantic.ccwhc.ca Email: atlantic@ccwhc.ca



LAB USE ONLY

Necropsy #: _____

Incident #: _____

Date Received: _____

Weight: _____ AIV Sample

WILDLIFE SPECIMEN SUBMISSION FORM

FINDER -and- SUBMITTER INFORMATION

FINDER'S NAME: _____

Street Address: _____ Postal Code: _____

Town: _____ Telephone #: _____

Email Address: _____

SUBMITTER'S NAME (if different from above): _____

Organization Name: _____

Mailing Address: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

Email Address: _____

SPECIMEN INFORMATION

Species: _____ # Submitted: _____ (Separate form for each species, please)

Specimen Identification # (if any): _____

Sex: Male Female Unknown Age: _____

Date When Specimen Was Found: _____

Location Where Specimen Was Found (Include as much detail as possible, please): _____

(If possible include Latitude: _____ Longitude: _____ -OR- UTM coordinates: _____)

HISTORY

Found Dead: Yes No

If found alive, what was the date of death? _____

Held in Captivity: No Yes If yes, how long? _____

If specimen found alive, what was the method of killing/euthanasia?: _____

Additional Observations (Use back of page if necessary and give special consideration to things such as abnormal behaviour, potential for poisoning, proximity to roads or powerlines, etc.):

PLEASE NOTE: Submission of this form signifies permission for the retention and use of the personal information contained herein for the purposes of correspondence, follow up investigation, reporting of results and geographic analysis of incidents.