

WHU#: _____

NYDEC Wildlife Health Program
Specimen Submission Form

AHDC Acc #/Date
16764

AHDC ACCT. #

DEC Wildlife Health Unit:

Kevin Hynes-518-478-3034; kphynes@gw.dec.state.ny.us

Joe Okoniewski-518-478-3038; jokonie@gw.dec.state.ny.us

Animal Health Diagnostic Center – Cornell University:

Dr. Elizabeth Bunting-607-253-4472; emb54@cornell.edu

Dr. Krysten Schuler-607-253-3629; ks833@cornell.edu

Submitter Name (DEC): _____ Address: _____ _____ Phone: _____ Email: _____	Collector/Finder: _____ Address: _____ _____ Phone: _____ Email: _____	Same as Submitter?
--	--	--------------------------

Location of animal (Specific Address): _____

Township: _____ County: _____ State: _____ NYSDEC Region: _____

Lat/Long Coordinates (ex: 42.44895,-76.463749): _____

History (Include reason for submission, suspected cause of illness/death, unusual behavior/appearance, human contact): _____

Attached docs, photos, videos?

Rabies suspect?

Animal Identification								
ID # (If any)	Species	Sex (M/F/Unk)	Age	Sample (i.e.,carcass,tissues)	Date Collected	Check if animal was euthanized	Quantity	
1.	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____
[Additional animal information on back of page]					Is carcass	Frozen or	Chilled?	
Tests requested (if known): _____						OR	Cause of Death	
Previous related Accession Numbers with Dates: _____								

Additional Event Details: Onset Date: _____ End Date: _____ OR Ongoing (BEST ESTIMATES)

[Use back of page if needed] Known/Estimated Dead: _____ Known/Est. Sick: _____ Healthy: _____

Method of Euthanasia (if any): _____ Date: _____

Other species involved but not submitted? No Yes _____

Any recent changes to population or area? N Y _____

Any major weather events? N Y _____

Lab Use Only:	FEDEX	MAIL	DATE REC'D: _____	FROZEN	DRY ICE
Opened by:	FEDEX-GRND	PRI MAIL	TIME REC'D: _____	RM TEMP	COLD PACK
_____	UPS	EXP MAIL	DATE SHIPPED: _____	COOL	NONE
	UPS-ND	OTHER: _____		COLD	COMMENT

Additional Animals or Information:

WHU LAB USE ONLY		WHU#: _____	Species: _____
Date Received: _____		Necropsy Date: _____	Necropsy By: _____
Carcass weight: _____		Body Cond: _____	Postmortem Cond: _____
Measurements: _____			
Tissues Taken For:		Photography-Gross?	
Bact:		Viro:	
Tox:		Histo:	
Other: _____			
Rabies exam: _____		Date submitted: _____	
DOH#: _____		POSITIVE	NEGATIVE INCONCLUSIVE
Tentative DX: _____			