



CWHC OFFICE USE ONLY

No de pathologie _____

Date de réception _____

SUBMITTER INFORMATION

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 either email, fax, or address)

SPECIMEN INFORMATION

Species _____ Specimen ID/Reference # _____

Date found or collected _____ # Submitted _____

Date of death (if known) _____ Total dead _____ Total sick _____ Total healthy _____

Whole carcass or portion? _____ Age _____ Sex _____

How found? _____ (Dead/alive & died/shot/trapped/angled/netted etc.) If held in captivity; for how long? _____

How euthanized? _____ How were samples stored? _____ (Fresh/cool/frozen/fixed etc.)

LOCATION WHERE SPECIMEN WAS FOUND

Address/Location
description
(Please be specific.
Enter legal land
description here if
known)

Latitude _____ GPS Coordinates (please
use degree decimal WGS84
setting & four decimal
places)
Longitude _____
or UTM
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 this page.

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 geographical analysis of incidents.



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