**Submitting Wildlife Samples For Disease / Parasite Investigation**

**SUBMITTER INFORMATION**

- **Today’s Date** ____________
- **Your name** _______________________________________
- **Address** ________________________________________
- **City / Zip** ________________________________________
- **Phone** __________________________________________
- **E-mail** __________________________________________

**My submission is from a:**

- □ Moose
- □ Bison
- □ Bear, Brown
- □ Hare
- □ Bat, list species (if known)________________________
- □ Caribou
- □ Muskox
- □ Bear, Black
- □ Squirrel
- □ Mammal OTHER: ____________________________
- □ Dall’s sheep
- □ Lynx
- □ Fox, Red
- □ Tick
- □ Parasite OTHER: ____________________________
- □ OTHER ________________
- □ Fox, Arctic
- □ Wolf
- □ Bird, list species (if known)_______________________

**I have already discussed this submission with:**

- □ Dr. Beckmen
- □ Dr. Gerlach
- □ Other Personnel Name: ___________________________

**This submission has been:**

- □ chilled
- □ frozen
- □ kept at room temperature
- □ other _________________________________________

**I am submitting a:**

- □ whole carcass → Continue to SECTION A
- □ sample or parasite from wildlife only, list type & location found in body → Continue to SECTION B
- □ parasite only, found on person or pet → Skip ahead to SECTION C

**SECTION A → Submission of wildlife or samples from wildlife**

- This animal was □ found dead on _______________ (date).
- □ harvested / trapped
- □ found injured

**GMU: _______ Specific location: __________________________**

**PLEASE continue to SECTION B and give details →**

**SECTION B → Describe he circumstances that made you concerned or why you are submitting this today (use back for details):**

Write “Donation” if this is a normal specimen for training/teaching/research rather than exam/diagnosis:

**SECTION C → Submission of a parasite found on a person or pet**

- Type of parasite (if known): ________________ (ex: tick, lice)
- GMU: _______ Specific location: __________________________
- Submission was found on a: □ human or □ pet: type of pet __________ name __________ age ________ sex male / female

**Has pet been to a boarding/daycare /grooming facility recently (When _________)?

**Have you and/or your pet traveled outside Alaska? Yes No If yes, location(s), date(s), who traveled, etc**

**Section D: Ticks and parasites on people, pets or domestic animals should be submitted directly to the Office of the State Veterinarian**

5251 Dr. Martin Luther King Jr. Drive, Anchorage 99507 907-375-8215.