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| <p align="center">CWD Testing</p> <p>Wyoming State Veterinary Laboratory Department of Veterinary Sciences University of Wyoming 1174 Snowy Range Road, Laramie, WY 82070 Phone: (307) 766-9925 Fax: (307) 721-2051 In state WATS: 1-800-442-8331 Email: vetrec@uwyo.edu www.uwyo.edu/wyovet</p> | <p align="right"><i>For Lab Use Only</i></p> <div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto; text-align: center; line-height: 80px;">Barcode</div> <p>Date: _____ Time: _____ Carrier: _____ Condition: W C F Pathologist: _____ Paid: \$ _____ Cash/Check # _____</p> <p>Specimen received: _____ Labs: _____ head _____ fresh tissue _____ H G</p> |
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Please fill out the information as complete and accurate as possible. The fee for this service is **\$30** per specimen.
LOCATION OF KILL IS CRITICAL SO PLEASE BE VERY SPECIFIC SO THAT COORDINATES CAN BE LOCATED IN AN ATLAS OR GAZETTEER. Results will be available within 10 working days from receipt of sample. **PLEASE PROVIDE EMAIL!!**

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| Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ | STATE OF KILL: WY CO NE OTHER SPECIES: ELK MULE DEER WTD MOOSE SEX: M F ESTIMATED AGE: _____ HUNT AREA: _____ DATE HARVESTED: _____ |
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LOCATION OF KILL: (BE SPECIFIC: RANCH NAME, LAT/LONG, RANGE/TOWNSHIP/SECTION, UTM COORDINATES):

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