



WILDLIFE MORTALITY REPORTING AND DIAGNOSTIC SERVICES REQUEST WORKSHEET

United States Geological Survey
National Wildlife Health Center
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Madison, WI 53711
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www.nwhc.usgs.gov

INSTRUCTIONS (to be completed by federal/tribal/state agencies only; members of the public should contact a state natural resources agency):

TO REQUEST DIAGNOSTIC EVALUATION OF WILDLIFE SPECIMENS:

1. Complete sections 1 and 2 for each location within a morbidity/mortality event, then save the filled worksheet(s) as a PDF.
2. Email completed worksheet(s) to NWHC field epidemiologists (NWHC-epi@usgs.gov) prior to shipping carcasses.
 - o Also email photos, videos, maps, reports, news articles, etc., that provide relevant information.
3. Wait for shipping approval from epidemiologist (typically within 24 hours).
4. Review shipping instructions at www.nwhc.usgs.gov/services/ - abbreviated instructions are:
 - o Ship with ice packs (no wet ice) in hard-sided cooler or insulated shipping container
 - o Attach "UN3373" and "BIOLOGICAL SUBSTANCE, CATEGORY B" labels to cooler if necessary
 - o Put "ATTN: NECROPSY LOADING DOCK" in shipping address
 - o Ship using priority overnight courier
 - o Do not ship on Fridays or prior to federal holidays
5. Email courier tracking number to NWHC when package has shipped.
6. If wildlife morbidity/mortality event is ongoing, please monitor and contact NWHC epidemiologist with updates and/or for disease management and personal protective equipment recommendations. When event is over, provide an end date, final numbers and species affected, and diagnostics performed by other laboratories.

TO REPORT WILDLIFE MORTALITY OR MORBIDITY WITHOUT SUBMITTING SPECIMENS:

Complete section 1, save the filled worksheet(s) as a PDF, then follow step 2 and step 6 above

SECTION 1: WILDLIFE MORBIDITY/MORTALITY REPORTING

Submitter/Reporter Name^a : <input style="width: 90%;" type="text"/>	Today's Date: <input style="width: 90%;" type="text"/>
Affiliation: <input style="width: 90%;" type="text"/>	Collector/Field Contact (if applicable):
Address: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>
City/State/Zip: <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/>	Affiliation: <input style="width: 90%;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>
Phone: <input style="width: 90%;" type="text"/>	Phone: <input style="width: 90%;" type="text"/>

^a The person listed as specimen submitter will receive "Findings to Date" reports by email throughout the diagnostic investigation.

Morbidity/Mortality Onset Date: <input style="width: 90%;" type="text"/>	End Date: <input style="width: 90%;" type="text"/>
State/Territory of Event^b : <input style="width: 90%;" type="text"/>	
County of Event^b : <input style="width: 90%;" type="text"/>	
Nearest Town or Township^b : <input style="width: 90%;" type="text"/>	
Specific Location^b : <input style="width: 90%;" type="text"/>	
Lat/Long: <input style="width: 30%;" type="text"/>	GPS Datum (check one) <input type="radio"/> WGS84 <input type="radio"/> NAD83 <input type="radio"/> unk <input type="radio"/> other (specify) <input style="width: 30%;" type="text"/>

^b If an event encompasses multiple states, counties, and/or locations, please fill out a separate worksheet for each.

List Species Affected:

Species	# Known Dead	# Estimated Dead ^c	# Known Sick ^d	# Estimated Sick ^c	Estimated Population at Risk	Biased Age/Sex Distribution ^e

^c Estimated number should include known number. Consider removal by scavengers, density of vegetation, etc.

^d Euthanized animals should be counted as sick.

^e Any selective mortality related to age and/or sex? If yes, describe trends.

Area Description (land use, habitat types, other species present, or other additional information that may be of value such as past occurrences of disease in area, public health warnings, hunting and agriculture activities, etc.):

Environmental Factors (storms, precipitation, temperature changes, migration, or other that may contribute to stress):

Clinical Signs (any unusual behavior or physical appearance):

Diagnosis by Species (if known or suspected):

Species or Suite of Species	Diagnosis	Basis of Diagnosis ^f	Laboratory

^f Basis of Diagnosis – history, location, physical evidence, clinical signs; necropsy conducted by wildlife health professional in the field; necropsy and/or tests performed at a diagnostic laboratory

Since 1975, NWHC has routinely summarized and disseminated basic information on wildlife mortality events to provide situational awareness of wildlife health on a national scale. Examples of the types of information available to our partners and the public can be viewed at the Wildlife Health Information Sharing Partnership event reporting system (WHISPers) at www.nwhc.usgs.gov/WHISPers/. If you do not wish to have NWHC share information on this event, please complete the statement below.

On behalf of my agency, I, , would like to opt out of having summary information of this event on WHISPers.

SECTION 2: DIAGNOSTIC SERVICES REQUEST

Priority: **High** (please explain):

(domestic animal/zoonotic concern, high profile/public involvement, other extenuating circumstances)

- Medium** (mortality event is ongoing and timely results are needed for disease management)
- Low** (mortality event is over but would like a cause of death determination)

Note: Laboratory prioritization is based on priority of all incoming cases. Contact NWHC (NWHC-epi@usgs.gov) if your priority level changes.

List specimens from this location to submit to NWHC:

Species	Date Collected	Status ^g	Specimen Type ^h	Method of Preservation ⁱ	Method of Euthanasia ^j (if applicable)	# of Specimens

- ^g Status – found dead, died in hand, euthanized, or live
- ^h Specimen Type – carcass, tissues, swab, blood, parasite, other (please specify)
- ⁱ Method of Preservation – chilled, frozen, or fixed
- ^j Method of Euthanasia – cervical dislocation, gunshot, CQ, other (please specify)

Comments and Special Instructions/Requests: