

ATTENTION HUNTERS: COMPLETE THESE STEPS

STEP 1.

Prepare to submit tissues for CWD in one of three ways:

> **Submit a head:**

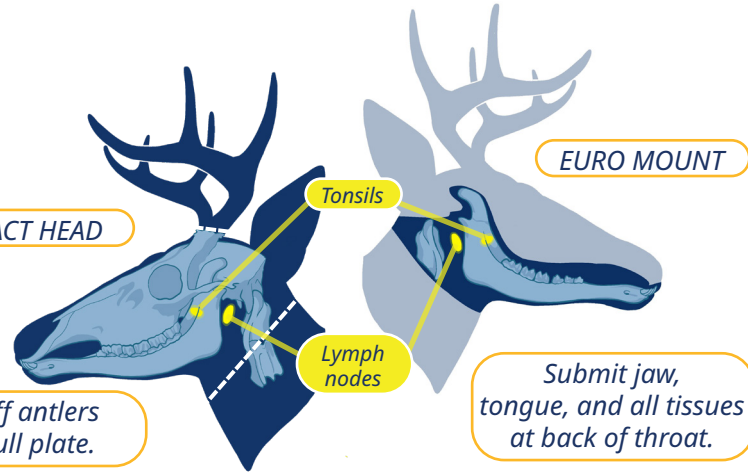
Cut head off animal and remove antlers (nose can be removed for elk/moose).

> **Keep upper skull for Euro mount:**

Cut out lower jaw with the tongue and all tissues at back of throat. Only need lower jaw for deer. Also need the obex for elk/moose.

> **Submit your own samples:**

Remove lymph nodes and tonsils (for deer), or lymph nodes and obex (brainstem - for elk and moose).



Leave 3 inches of neck to keep tissues needed for CWD intact.

STEP 2.

Fill out CWD Ear Card provided at freezer.

STEP 3.

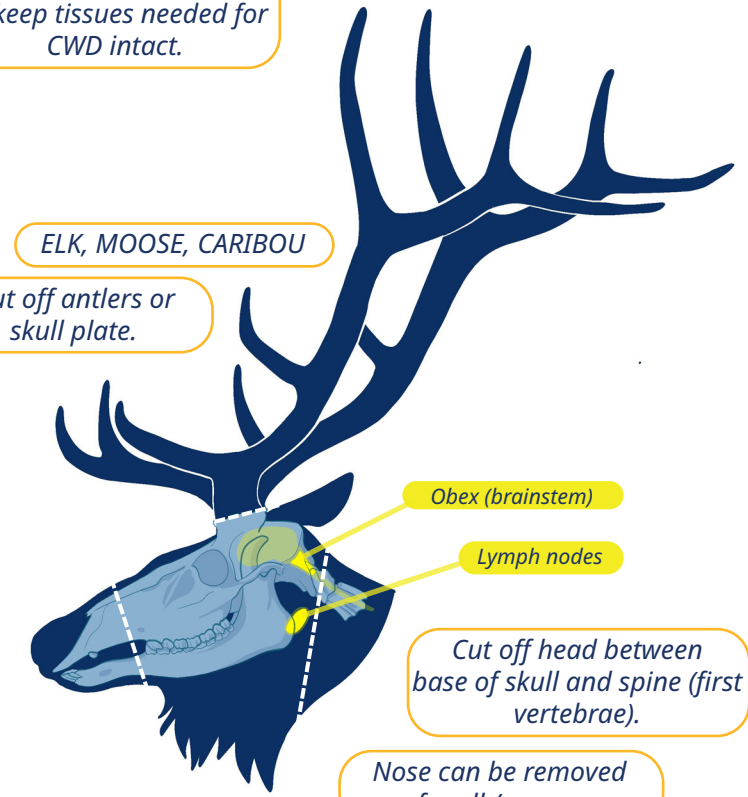
Remove and retain perforated portion of Ear Card to look up results online.

STEP 4.

Attach CWD Ear Card to head or jaw with zip-tie, or put in ziplock with samples.

STEP 5.

Place sample in drop-off freezer.



CWD-24501 Ear Card

NAME: John Doe
PHONE: 250-123-4567
FWID #: 123 456 789

Mute Deer Elk Caribou
 White-tailed Deer Moose Black-tailed Deer
 Male Female

KILL DATE (dd/month/yyyy): 09/October/2024
KILL LOCATION: Cranbrook MU: 4 . 20
LAT/LONG or UTM: 49.53613, -115.758387

HOW KILLED: Hunted Motor Vehicle Collision
 Other (describe): _____

Was this animal normal? Yes No
If no, describe: _____

See reverse side for more information.

CWD-24501 Ear Card

B.C. Chronic Wasting Disease Program

For more information, contact B.C. Wildlife Health at 250.751.3219 or CWD@gov.bc.ca or visit the BC CWD Program website: www.gov.bc.ca/chronicwastingdisease

Instructions for head submission: Attach tag with a zip-tie (provided) to the ear or skull (if skinned). Place head with tag in a garbage bag (provided) and close with a knot before placing in freezer. Do not attach Ear Card to outside of bag.

If you are extracting tissues from the head, please fill out information below:

Date Sampled: _____ Sampled by: Hunter Gov Staff Other: _____

Sample Condition: Good Hemorrhagic Fair European Mount: Yes No

Sample Type: _____ Quantity: _____ Reason If Not Collected: _____

RPLNs (lymph nodes): 2 1.5 1 0.5 0

Tonsils: 2 1.5 1 0.5 0

Obex (brain stem): Yes No

Ear tip: Yes No

Teeth (included): Yes No

Tongue (in EHD): Yes No

Other: _____

WLH ID: _____

Drop-off Location: _____

Date Entered: _____

Place Ear Card inside of the bag.

If submitting your own samples, fill out sample info portion on back of Ear Card.

THANK YOU FOR YOUR CONTRIBUTION TO CWD RESPONSE!
Visit gov.bc.ca/chronicwastingdisease for more information