



**North American Deer Registry**  
 1601 Medical Center Drive, Suite 1, Edmond, OK 73034  
 Phone: 405-513-7238 Fax: 405-513-7238 Email: NADR@deerregistry.com

## CWD Prion Gene Test

Client Information: \_\_\_\_\_ TDA or NADeFA or VDM Number: \_\_\_\_\_

RANCH OWNER NAME: \_\_\_\_\_

Ranch Mgr or Person Submitting Form: \_\_\_\_\_

FARM / RANCH NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed: Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No
Name/Ear Tag: _____	NADR# _____	New Sample: Yes No	Parentage Confirmed Yes No	CWD Test Only Yes No

**CWD Prion Test pre 2017 Parentage Not Confirmed \$20.00 (Sample Required)**

**CWD Prion Test post 2017 Parentage Confirmed \$15(No Sample Required-Utilize DNA from GeneSeek)**

**CWD Prion Test pre 2017 Parentage Confirmed \$65 (Includes Parentage Assay - Sample Required)**

**If it is a new animal, please utilize the Whitetail Verification Form**

Check Enclosed  Money Order Enclosed  Credit Card on File/Attached