NEW YORK STATE | Department of Agriculture and Markets

2025-26 Application for CWD Susceptibility Genomics Testing of WTD

Please allow at least 2 weeks for any supplies to ship.

Part 1—Herd Information and Terms of Agreement

Owner name: _____

Business name: _____

Herd number (CWD certified herds only, WTD only): _____

Please acknowledge all of the terms by initialing each below and signing on the next page.

_____ I authorize the North American Deer Registry (NADR) to share anonymized, aggregated Genomic Estimated Breeding Values (GEBV) data with NYAGM for the purpose of monitoring CWD susceptibility in the larger population of farm-raised deer within the state.

_____ I authorize NADR to release data to NYSAGM for the purpose of ensuring financial accountability in the use of grant funds.

_____ I understand NYSAGM will provide payment directly to NADR for the genomic testing costs for an approved number of tests. Any additional testing conducted will be at my own expense.

_____ I will ensure the samples are collected from animals within my herd which are identified with ID. I will accurately record each ID on the animal ID list to confirm the identification of the participating animals and verify that the ID corresponds to the samples submitted.

_____ I understand additional sample collection equipment, tagging, tranquilization, any veterinary costs and shipping are my responsibility.

_____ I agree to use the results of the genetic testing to make management decisions for my herd.

_____ I agreed to provide NYSAGM with the results from previously tested animals in the event that my herd is found CWD positive or to be a high risk exposed or trace out herd.

Part 2—Testing Supplies

Check box(es) below to request supplies:

☐ Tissue sampling unit. (Limit of one unit per herd, while supplies last.)

☐ Tissue tubes. The number of tubes provided will cover approved testing, while supplies last. 10 tubes to a box.

Shipping address (no PO Boxes) if supplies requested:

Name _____

Street Address _____

City, State, Zip _____

Phone number: _____

Part 3—Agreement

_____ _____ _____

Requested number of tests Owner's signature Date

Your signature indicates that you accept the terms of use on the previous page.

If you are a member of a NADR-partner organization and would like parentage testing run on your samples, check this box. ☐ Please contact NADR for further details.

All samples must be submitted to NADR by Friday September 18, 2026 or the fee will not be paid for by NYSAGM. Additional applications can be downloaded from https://agriculture.ny.gov/animals/deer-elk-other-cervids.

Complete this form and submit in one of these ways:

- **Email:** cervidfarm@agriculture.ny.gov
- **Mail:** NYS Dept of Agriculture and Markets, Division of Animal Industry, 10B Airline Drive, Albany, NY 12235
- **Fax:** 518-485-0839

For Office Use Only:

Testing. Approval signature: Date _____ Number of samples approved_____

Supplies. Number of approved tubes: _____ Date Shipped: _____ Initials: _____