

Nunavut Trichinella Detection Program: SAMPLE INFORMATION SHEET

Required Information

Hunter's name:

Address:

Community:

Phone Number:

Location of Harvest:

Latitude & Longitude:
(if possible)

Date of harvest (DD/MM/YY):

HTO Contact:

HTO Contact Number:

Walrus/Polar Bear Tag#:
(If applicable)

Type of sample sent:

Sex of Animal:

Sampler's Name:

Organization:

Sample Collection Date:

Amount Payable: \$150.00
(Paid by Nunavut Tunngavik Inc.)

If you would like to receive Direct Deposit for sample payment, please provide a Voided Cheque, it should be included in the shipping container. Alternatively, a Cheque will be mailed to you.

Please send the entire tongue. If you are sending more than one tongue, please bag them separately. It is important the tongue is kept cool or frozen.

Please keep your sample cool or frozen. Please ship to the following address: Jamal Shirley or River Autut
P.O. Box 1720 Iqaluit,
NU X0A 0H0
(867) 975-4800
Bldg: 959

Note, shipment should be charged to the local Health Centre's account.

Please provide a waybill number to help track the samples should they get lost. It should be emailed to:

Jamal.Shirley@arcticcollege.ca

Always Fax this sheet to: 867-975-4833



Department of Health
Nunavut Arctic College
Nunavut Tunngavik Inc.

(Revised August 2022)