

Submit samples to:  
**Prairie Diagnostic Services**

Date/Time \_\_\_\_\_

(Received) PDS Lab # \_\_\_\_\_



52 Campus Drive  
Saskatoon SK S7N 5B4  
TEL: (306) 966-7316  
FAX: (306) 966-2488

## Chronic Wasting Disease Testing Submission Form

*For animals that died or were euthanized due to disease, down, or dying*

**Please remember to phone 306-787-6469 to Report Deaths**

**For all slaughters and hunts – use the slaughter and hunt form.**

Clinic	Owner: <small>(game farm license holder)</small>	Manager:
Veterinarian	Farm Name:	Herd Prefix:
Address	Address:	
City/Town	City/Town:	Postal code:
Postal code		
Phone	Phone:	Email:
Fax		

**Animal Identification:** Unique Provincial Tag # \_\_\_\_\_ H of A Tag # \_\_\_\_\_

Other Tag # \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_ Sex: **M** **F** Tags Verified by Lab: Y N Initials \_\_\_\_\_

Owner Submitted  Veterinarian Submitted

Date of death/euthanasia \_\_\_\_\_ Date samples collected \_\_\_\_\_

Rabies suspect? Yes  No  Delivered Frozen \_\_\_\_\_ Not Frozen \_\_\_\_\_

Euthanized? Yes  No  If Yes, how? \_\_\_\_\_

Email Final  Mail Final

**The reason animal was euthanized/died**

### LABORATORY USE

**Submission Type**      **Submission Status**

Whole head \_\_\_\_\_ Frozen \_\_\_\_\_

Brain only \_\_\_\_\_ Fresh \_\_\_\_\_

Skull only \_\_\_\_\_ Not Frozen \_\_\_\_\_

Skinned \_\_\_\_\_ Formalized \_\_\_\_\_

Open Cranium \_\_\_\_\_ Autolyzed \_\_\_\_\_

Caped \_\_\_\_\_ Liquified \_\_\_\_\_

Other \_\_\_\_\_ No Tissue \_\_\_\_\_

**Sample:** Obex \_\_\_\_\_

RPLN \_\_\_\_\_ Brain \_\_\_\_\_

**Sent for:** IHC \_\_\_\_\_ Biorad \_\_\_\_\_

Tissue \ Ear \ Tags saved

Date \_\_\_\_\_ Initials \_\_\_\_\_

I hereby authorize Prairie Diagnostic Services (PDS) to release the Chronic Wasting Disease (CWD) test results to Livestock Branch. PDS will forward a copy of the CWD test results to Animal Health Unit, Livestock Branch, Saskatchewan Agriculture, Room 202 – 3085 Albert Street, Regina, SK S4S 0B1.

Owner/Manager (Signature) \_\_\_\_\_ Owner Present: Y N

Saskatchewan Agriculture (SA) is responsible only for the payment of laboratory fees for CWD testing on animals over 12 months of age. All other tests requested by owners or veterinarians will not be paid for by SA.

**If a veterinarian is submitting tissues for the CWD Surveillance Program AND ALSO to help determine the cause of death, please complete the reverse side**



# General Pathology Submission Form

(Complete if veterinarian submitting tissues to also help determine cause of death)

Email Preliminary   
  Email Final   
  Phone Results   
  Mail Final   
 Previous Sub # \_\_\_\_\_

**Additional History:**

No. sick \_\_\_\_\_ No. dead \_\_\_\_\_ How long sick before died/euthanized \_\_\_\_\_

No. in this age group that could get problem \_\_\_\_\_ Total No. of this species on farm \_\_\_\_\_

How long has problem been on the farm \_\_\_\_\_

Where did these problem animals come from (home raised, auction, etc.) \_\_\_\_\_

Housing/management (pasture, feedlot, duration) \_\_\_\_\_

Any recent additions? Yes  No  If yes, source \_\_\_\_\_ When \_\_\_\_\_

Treatments (kind, amount, when) \_\_\_\_\_

Vaccinations (kind, amount, when) \_\_\_\_\_

Ration	Type	Amount	Condition (Good, moldy, etc)	Duration	Water
1					Supplements
2					
3					

**Post Mortem Findings:**

Veterinarian Signature

**Whole Animals Submitted: Number dead**

**Fresh Tissues Submitted (specify):**

**Formalized Tissues Submitted (specify):**

**TESTS REQUESTED:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_