



Prairie Diagnostic Services Inc
 52 Campus Drive
 Saskatoon, SK, S7N 5B4
 TEL: (306) 966-7316 FAX: (306) 966-2488
 www.pdsinc.ca

Date/Time (RECEIVED)

PDS Lab # _____

SASKATCHEWAN Small Flock Poultry Surveillance Program Submission Form

Client / Invoice to: Livestock Branch Animal Health Unit (LIVBRA0001) Address: RM 202 - 3085, Alberta Street, Regina, SK Postal Code: S4S 0B1 Phone: _____ Contact: Dr. Erica Sims Email: ahu@gov.sk.ca	Owner/Farm Name*: _____ Address: _____ Postal Code: _____ Phone: _____ Premise ID (if available): _____ Contact: _____ Email: _____
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Program Incident Identifier: PRJ-SKSFAIV	Owner's Veterinary Clinic Contact Information: Veterinarian: _____ Veterinarian Email: _____
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Program Details:
 Available to Saskatchewan Small Flocks and Backyard Flocks.
Maximum birds per flock: > 2 weeks of age – 3 birds; < 2 weeks of age – 5 birds
 Commercial Flocks and Wild birds **are not** included in this program.

Testing: AIV PCR, Necropsy Small Flock
 Submit whole birds for Necropsy. Avian Influenza Virus (AIV) PCR will be tested first.
Non-Negative AIV: necropsy will be cancelled, no further testing.
Negative AIV: necropsy will be performed plus additional testing at the discretion of the PDS Diagnostic Professional.

AIV Results Reporting: Non-negative will be reported to CFIA as per the requirement of The Health of Animals Act.
 Negative results will be shared with submitters by PDS. If a veterinarian submits on behalf of a producer results will be reported back to the veterinarian.

Samples	Samples Sent*	Received office use only	HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)
Fresh Tissue			Flock size: _____ #Sick: _____ #Dead: _____ Previous PDS Case Number: _____ Submitters Signature: _____
Fixed Tissue			
WholeBody			
Swab			
Other:			

ANIMAL INFORMATION					
Number	Barn ID	Animal ID	Species	Breed	Age
1					
2					
3					
4					
5					

