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

Important. Please read. *By submitting this Form, the Submitter acknowledges and agrees: 1) Diagnostic samples will not be returned once submitted. Samples submitted and any information or intellectual property arising belongs to PDS unless otherwise arranged in writing prior to submission. 2) In the event of a suspected reportable, notifiable or foreign animal disease, PDS must comply with relevant laws by notifying the appropriate agencies. Samples and/or contact information will be disclosed only in accordance with applicable law/legal obligations. 3) Anonymized test results may be shared for purposes of animal and public health surveillance. Diagnostic services, submission guidelines, and privacy policy are available at https://pdsinc.ca/.*

Client / Invoice to: _____
Address: _____
Postal Code:_____ **Phone:** _____
Contact: _____
Email: _____

Owner/Farm Name*: _____
Address: _____ **RM#** _____
Postal Code:_____ **Phone:** _____
Legal Land Location (mandatory): _____
Contact: _____
Email: _____

Program Incident Identifier:

PRJ-SKSFAIV

Owner's Veterinary Clinic Contact Information:
Veterinarian: _____
Veterinarian Email: _____

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.
Positive 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.

Samples	Samples Sent*	Received office use only
Fresh Tissue		
Fixed Tissue		
WholeBody		
Swab		
Other:		

HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)

Flock size:_____ #Sick:_____ #Dead: _____

Previous PDS Case Number: _____ Submitters Signature: _____

ANIMAL INFORMATION

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

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NECROPSY SUBMISSION

(Please fill out page 1 and submit along with this form.)

Clinic/Submitter:	**Owner/Farm Name:**

Copy of results to: _____

Number of birds submitted: a) Dead_____b) Live_____c) Portions: _____

Source (Hatchery): _____

Flock size: _____ Other Poultry on farm: ☐ yes ☐ no

If yes, type and source: _____

Feed supplier:_____ Water source: _____

Vaccinations: _____ Medication: _____

Signs of disease:

Other Comments: