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 Holder Swine Health 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: Livestock Branch Animal Health Unit (LIVBRA0001)
Address: RM 202 - 3085 Alberta Street Regina, SK
Postal Code: S4S 0B1 **Phone:** _____
Contact: Dr. Wendy Wilkins
Email: ahu@gov.sk.ca

Owner/Farm Name*: _____
Address: _____
Postal Code: _____ **Phone:** _____
Premise ID (if available)**:** _____
Contact: _____
Email: _____

Program Incident Identifier:

PRJ-SHSHSP

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

Program Details:

Available to Saskatchewan small holders and backyard swine producers (non-commercial domestic swine).
Maximum two animals to be submitted per case.
Commercial swine facilities, defined as those who are registered with the national CQA/ACA or CPE (PigSAFE|PigCARE) programs, do not qualify under this program.

Testing:

☐ **Necropsy – Portions**

☐ **Necropsy – Whole Body**

- **Any additional testing deemed appropriate by PDS Pathologist**

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

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

Farm size: _____ #Sick: _____ #Dead: _____
Previous PDS Case Number: _____ Submitters Signature: _____

ANIMAL INFORMATION

Number	Barn ID	Animal ID	Species	Breed	Age
1					
2					

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NECROPSY SUBMISSION

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

Signs of sickness:

Date of death:_____Euthanasia: method/route: _____

If abortion: Age of dam:_____Estimated age of fetus:_____Breeding: (AI/Natural)_____Number aborted: _____

Circle all tissue type(s) submitted and indicate the number of each sent:

Fixed Tissues: ☐ Lung ☐ Liver ☐ Spleen ☐ Kidney ☐ LN ☐ Ileum ☐ Other

Fresh Tissues: ☐ Lung ☐ Liver ☐ Spleen ☐ Kidney ☐ LN ☐ Ileum ☐ Other

Lab Test(s) Requested: 1)_____2)_____3)_____4) _____

Gross Necropsy Notes: