



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: _____
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: