

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

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

| <u>Submission Type</u> | <u>Submission Status</u> |
|----------------------------|--------------------------|
| 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. _____