

Submit samples to:

Prairie Diagnostic Services



4840 Wascana Parkway Suite 1  
Regina SK S4S 7J6  
TEL: (306) 787-6435  
FAX: (306) 787-6439

OR

52 Campus Drive  
Saskatoon SK S7N 5B4  
TEL: (306) 966-7316  
FAX: (306) 966-2488

Date/Time \_\_\_\_\_  
(Received)

PDS Lab # \_\_\_\_\_

## Chronic Wasting Disease Submission Form

**PLEASE REMEMBER TO PHONE 306-787-6469 TO REPORT DEATHS**

Clinic	Owner (game farm license holder)	Manager
Veterinarian	Farm Name	Herd Prefix
Address	Address	
City/Town	City/Town	Postal code
Phone	Phone	Fax
	Postal code	

Animal Identification: Unique Provincial Tag # \_\_\_\_\_ H of A Tag # \_\_\_\_\_

Species \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F Other Tag # \_\_\_\_\_ Export Certificate # (Hunt Farms) \_\_\_\_\_

Owner Submitted

Veterinarian Submitted

Tags Verified: Y N Initials \_\_\_\_\_

### Slaughter Animal

Date of death \_\_\_\_\_

Want results by \_\_\_\_\_

Send results to:

Fax \_\_\_\_\_ (or)

Phone \_\_\_\_\_

For large groups of animals attach a list to this form with each cervid's unique identification tags (unique provincial tag + another tag)

### **PLEASE REMEMBER:**

**Meat from slaughter animals should not be released for human consumption, until negative CWD results are received. Although there is no known human risk to CWD, it is prudent to be cautious and protect venison markets until science is conclusive**

### Other Cause of Death

Date of death \_\_\_\_\_ Date samples collected \_\_\_\_\_

Rabies suspect? Yes No

Euthanized? Yes No If Yes, how? \_\_\_\_\_

Fax Final Mail Final

### Reason animal was euthanized/died?

#### LABORATORY USE

**Submission Type**      **Submission Status**

Whole head \_\_\_\_\_ Frozen \_\_\_\_\_

Brain only \_\_\_\_\_ Fresh \_\_\_\_\_

Skull only \_\_\_\_\_ Formalized \_\_\_\_\_

Skinned \_\_\_\_\_ Autolyzed \_\_\_\_\_

Open Cranium \_\_\_\_\_ Liquified \_\_\_\_\_

Caped \_\_\_\_\_ No Tissue \_\_\_\_\_

Other \_\_\_\_\_

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Obex ID'ed \_\_\_\_\_ RPLN ID'ed \_\_\_\_\_

Brain only \_\_\_\_\_

Sent for: IHC \_\_\_\_\_ Biorad \_\_\_\_\_

Fresh Tissue saved \_\_\_\_\_ Tags \_\_\_\_\_

I hereby authorize Prairie Diagnostic Services to release the results of testing for CWD to Inspection and Regulatory Management Branch. Prairie Diagnostic Services will forward a copy of results for CWD to Animal Health Unit, Inspection and Regulatory Management Branch, Saskatchewan Agriculture and Food, Room 201 – 3085 Albert Street, Regina, SK S4S 0B1.

Owner/Manager (Signature) \_\_\_\_\_ Owner Present: Y N

Saskatchewan Agriculture and Food (SAF) is responsible only for the payment of laboratory fees for Chronic Wasting Disease testing on animals over 12 months of age. All other tests requested by owners or veterinarians will not be paid for by SAF.

If a veterinarian is submitting tissues for the Chronic Wasting Disease 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)

Fax Preliminary

Fax 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 Supplements
1					
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. \_\_\_\_\_