

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 Lah #            |  |

## SASKATCHEWAN Small Holder Swine Health Surveillance Program Submission Form

| Owner/Farm Name*:  |
|--|
| Postal Code:Phone: Premise ID (if available): Contact: Email: Owner's Veterinary Clinic Contact Information: Veterinarian: Veterinarian Email: |
| Premise ID (if available): Contact: Email:  Owner's Veterinary Clinic Contact Information: Veterinarian: Veterinarian Email:                   |
| Contact: Email:  Owner's Veterinary Clinic Contact Information: Veterinarian: Veterinarian Email:  |
| Owner's Veterinary Clinic Contact Information:  Veterinarian:  Veterinarian Email:   |
| Owner's Veterinary Clinic Contact Information:  Veterinarian:  Veterinarian Email:   |
| Veterinarian: Veterinarian Email:  |
| Veterinarian Email:  |
|  |
| e producers (non-commercial domestic swine).   |
| ered with the national CQA/ACA or CPE (PigSAFE PigCARE)  |
|  |
|  |
|  |
|  |
| by PDS Pathologist   |
| cination history, treatments, disease suspected, tentative diagnosis)  |
|  |
|  |
|  |
|  |
| ick: #Dead:  |
| Submitters Signature:  |
| Submitters Signature:NFORMATION  |
| Submitters Signature:  |
| Submitters Signature:  NFORMATION  |
| by PDS Pathologist   |



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## **NECROPSY SUBMISSION**

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

| Signs of sickness:       |             |                         |              |               |                        |       |       |                 |
|--------------------------|-------------|-------------------------|--------------|---------------|------------------------|-------|-------|-----------------|
|                          |             |                         |              |               |                        |       |       |                 |
| Date of death:           |             |                         | Eut          | hanasia: meth | nod/route:             |       |       |                 |
| If abortion: Age of dam: |             | Estimated age of fetus: |              |               | Breeding: (Al/Natural) |       |       | Number aborted: |
| Circle all tissue ty     | ype(s) subr | mitted and              | indicate the | number of     | each se                | nt:   |       |                 |
| Fixed Tissues:           | Lung        | Liver                   | Spleen       | Kidney        | LN                     | Ileum | Other |                 |
| Fresh Tissues:           | Lung        | Liver                   | Spleen       | Kidney        | LN                     | Ileum | Other |                 |
| Lab Test(s) Requ         | uested: 1)_ |                         | 2)           |               | 3                      | 3)    |       | _4)             |
|                          |             |                         |              |               |                        |       |       |                 |
|                          |             |                         |              |               |                        |       |       |                 |
| Gross Necropsy Note      | es:         |                         |              |               |                        |       |       |                 |
|                          |             |                         |              |               |                        |       |       |                 |
|                          |             |                         |              |               |                        |       |       |                 |
|                          |             |                         |              |               |                        |       |       |                 |
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|                          |             |                         |              |               |                        |       |       |                 |
|                          |             |                         |              |               |                        |       |       |                 |