



Prairie Diagnostic Services Inc.  
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Date/Time (RECEIVED) \_\_\_\_\_

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

**AVIAN SUBMISSION FORM**

Invoice to <b>Clinic/Submitter:</b>		<b>Owner/Farm Name:</b>	
<b>Address:</b>		<b>Flock Location/Premise ID:</b>	
<b>Postal Code:</b>	<b>Phone:</b>	<b>Animal ID:</b>	<b>Barn ID:</b>
<b>Veterinarian:</b> <small>Print name</small>	<b>Fax:</b>	<b>Species: AVIAN</b>	<b>Breed:</b>
<b>Email:</b>		<b>Sex:</b> _____	
<b>Copy to:</b>		<b>Age:</b> _____ <b>Days or</b> _____ <b>Weeks</b>	
<input type="checkbox"/> <b>STAT (fees apply)</b>		<input type="checkbox"/> <b>Rabies Suspect</b>	
<input type="checkbox"/> <b>Legal Case</b>		<input type="checkbox"/> <b>Insurance Case</b>	
<b>Date Collected:</b> _____			

<p><b>Reason For Submission</b></p> <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Surveillance <input type="checkbox"/> Routine Monitoring	<p><b>History:</b> _____</p> <p style="text-align: right;">Special Project Name: (if applicable): _____</p>																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Samples</th> <th style="width:20%;">Sent</th> <th style="width:30%;">Received <small>Office use only</small></th> </tr> </thead> <tbody> <tr><td>On cells</td><td></td><td></td></tr> <tr><td>EDTA</td><td></td><td></td></tr> <tr><td>Serum</td><td></td><td></td></tr> <tr><td>Fluid</td><td></td><td></td></tr> <tr><td>Slides</td><td></td><td></td></tr> <tr><td>Swab</td><td></td><td></td></tr> <tr><td>Fixed Tissues</td><td></td><td></td></tr> <tr><td>Fresh Tissues</td><td></td><td></td></tr> <tr><td>Paraffin Block</td><td></td><td></td></tr> <tr><td>Whole Animal</td><td></td><td></td></tr> <tr><td>Other _____</td><td></td><td></td></tr> </tbody> </table> <p>Flock size: _____          % sick: _____          % dead: _____          Date disease first noticed: _____</p>	Samples	Sent	Received <small>Office use only</small>	On cells			EDTA			Serum			Fluid			Slides			Swab			Fixed Tissues			Fresh Tissues			Paraffin Block			Whole Animal			Other _____			<p>Previous submission #: _____</p> <p style="text-align: right;">Submitters Signature: _____</p>
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**★★NATIONAL SURVEILLANCE★★**  
 Please complete this section

**★★Production Stage★★**

Egg  
 Cockerels  
 Pullet  
 Chicks  
 Broiler  
 Broiler breeder  
 Adult  
 Hen  
 Rooster

**★★Primary Systems Affected★★**

Abortion/Stillbirth  
 Cardiovascular  
 Gastrointestinal  
 Integument (skin)  
 Mammary  
 Musculoskeletal  
 Neurological  
 Reproductive  
 Respiratory  
 Sudden/Unexplained death  
 Unthriftiness/Anorexia/Poor Production  
 Urinary  
 Whole body/Multisystem  
 Non disease  
 Other

**Chemistry**

Avian standard Panel  
 Avian mini panel  
 Avian mini panel plus  
 Single chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Hematology**

CBC  
 Blood smear evaluation  
 Other: \_\_\_\_\_

**Cytology**

Fluid(s)       Smear(s)  
 Other \_\_\_\_\_

List Sites:

1) \_\_\_\_\_      2) \_\_\_\_\_  
 3) \_\_\_\_\_      4) \_\_\_\_\_

**Referred out test**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bacteriology/Mycology**

Specimen & Site \_\_\_\_\_

Routine Culture & Sensitivity  
 Anaerobic  
 Mycology  
 Salmonella Culture

Sample:  Fluff    Dust    Sponge  
 Location:  Belt    Cages    Fans  
 Floor    Other

Other \_\_\_\_\_

**Parasitology**

Fecal flotation  
 Fecal Egg Count  
 Other \_\_\_\_\_

**Immunology**

IHC for Infectious agent  
 \_\_\_\_\_  
 West Nile Virus antibody  
 Other \_\_\_\_\_

**Virology**

EM for \_\_\_\_\_  
 NDV serology (HI)

**PCR**

Avian Influenza - CFIA Accredited test  
 Avian paramyxovirus – CFIA Accredited test  
 Chlamydia psittaci  
 Mycobacterium sp.  
 Mycoplasma sp.  
 West Nile Virus (tissue)  
 Other \_\_\_\_\_

**Toxicology**

Cholinesterase  
 Mineral Panel #1  
 Mineral Panel #4  
 Single Element \_\_\_\_\_  
 Strychnine  
 Vitamin A  
 Vitamin E  
 Vitamin A and E  
 Other \_\_\_\_\_

**Pathology/Necropsy (\* Fill out page 2 – Necropsy Form\*)**

\* Complete Necropsy  
 \* Histology

