



“How to Complete Your Submission Form”.

February 25, 2013

Choose the form that matches the species being submitted from www.pdsinc.ca (ie. Avian, Bovine, Caprine and Ovine, Companion and Exotic; Equine, Swine, Wildlife, Flax, etc.)

To Fill out Page 1 (required for all submissions)

- Fill in all blanks with appropriate information
 - Name of Veterinary **Clinic**, business, or person submitting sample, the **Address, Postal Code, Phone number , Fax number, Email address** and submitting name of **Veterinarian** (or veterinarian receiving copy of report) on the top left side of submission form. This is our client information need for billing purposes.
 - Name of **Owner** or farm name, the **Animal Location** (use either: municipality, postal code, legal land location, GPS coordinates or premise ID) on the top right side of submission form.
 - **Animal ID** or name of animal, include Barn ID when indicated.
 - Where possible **Species** has already been completed on the form. **Exceptions:** Caprine and Ovine form; and Companion and Exotic animal form in which the species of the animal will have to be identified.
 - Indicate **Breed** of animal(s) the **Sex** and **Age** of submitting animal(s). This all goes on the top right hand side of form.
 - **Note: If submitting multiple animals the Multi Animal Form can be completed and attached or provide an Excel spreadsheet with the sample headings.**
- The “**STAT**”, “**Rabies Suspect**”, “**Legal Case**” or “**Insurance Case**” are to be checked off when applicable.
- **Please include the Date Collected. This assists us in determining acceptability of the samples received.**
- **All the areas that are in bold type means they are important and should be filled in.**
- Check one **Reason For Submission** (ie. Diagnostic, research, surveillance or routine monitoring).
- In the “**Sent**” column beside sample type indicate the number of sample(s) submitted (ie. EDTA – 1, urine – 1, slides – 2).
- On all forms except Companion and Exotic Animals, fill in the herd information which includes: size of herd or flock, number or percentage of sick animals, number of percentage of dead animals, if the disease is ongoing, new, how long, or when disease was first noticed.
- A section titled “**National Surveillance**” has been added to forms for species related to agriculture. This section is a mandatory section on specific forms. Check off appropriate boxes in both Production Stage and Primary systems affected.



- Document a complete history on the case include, vaccination history, treatments etc.
- A space for “**Special Project Name**” has been included on the form in order to track cases that are related. This name is assigned by PDS when special testing requirements and pricing has been assigned to a research project. If the submission is a project, indicate project name on line provided.
- If there was a “**Previous Submission**”, samples submitted from the same animal please indicate the PDS case number on line provided.
- Ensure the submission form is signed. This is the consent to proceed with testing.
- Check off the test(s) you would like performed. If a test method is not on the form use the other check box under appropriate lab and write the test request out.

To Fill out Pages 2 and 3

- Surgical Biopsy/Dermatopathology and Necropsy Submissions require completion of either page 2 or 3.
- Ensure the “**Clinic**” and “**Owner Name**” is recorded at the top of each additional page used.
- Fill in the answers to the questions in the space provided. Complete the diagrams section for surgical sites or cytology if requested.
- Include additional history or Post Mortem notes if needed.

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To save the file: select Save As and rename the file to indicate information required for your clinic.

Print all applicable pages of the form and submit to the laboratory along with the sample(s).



Prairie Diagnostic Services Inc.
www.pdsinc.ca
52 Campus Drive
Saskatoon, SK, S7N 5B4
TEL: (306) 966-7316
FAX: (306) 966-2488

Date/Time (RECEIVED)

Print Form

PDS Lab # _____

COMPANION AND EXOTIC ANIMAL SUBMISSION FORM

Invoice to: Clinic: The Best Veterinary Clinic	Owner Name: Mr and Mrs. Smith
Address: 123 Pet Street	Animal Location: N/A
Postal Code: S0R 1B4 Phone: 306-123-4567	Animal ID: Buddy
Veterinarian: Dr. Joe <small>Print name</small>	Species: Canine Breed: Golden Retriever
Email: thebestvet@sasktel.net Copy to:	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> MN <input type="checkbox"/> Female <input type="checkbox"/> FS Age: 2 years

STAT (fees apply) **Rabies Suspect** **Legal Case** **Insurance Case** **Date Collected:** 25-02-2013


Reason For Submission

Diagnostic
 Research
 Surveillance
 Routine Monitoring

Samples	Sent	Received <small>office use only</small>
On cells		
EDTA	1	
Heparin		
Serum		
Fluid		
Slides	2	
Urine		
Feces		
Swab	1	
Fixed Tissues	1	
Fresh Tissues		
Paraffin Block		
Whole Animal		
Other fluid	1	

HISTORY: (including vaccination history, treatments etc) **Special Project Name (if applicable):** _____

Mass found in left ear. Animal been scratching at it for 2 weeks, fluid now oozing from mass.

Previous Submission #: _____ Submitters Signature: 

Chemistry Panels

Standard Kidney
 Presurgical Liver
 Pancreas Mini (exotics only)

Reptile/Amphibians

Standard Mini Mini Plus

Bile Acids fasted post-prandial
 Fructosamine
 Single Chemistry _____

Hematology

CBC Blood smear evaluation
 Other _____

Endocrine

T4 resting post pill
 Canine cTSH
 ACTH Stimulation Test
 Pre 1 hr post 2 hr post
(See website for protocol information)
 Dexamethasone Suppression
 LDDST HDDST
(See website for protocol information)
 Phenobarbital KBr
 Cortisol
 Progesterone
 Testosterone
 Estradiol
 Other _____

Coagulation

PT PTT FDP
 Other _____

Cytology

Fluid(s) Smear(s)
 Other _____

* See page 2 for diagrams and list of sites.

Urine

Freeflow Cystocentesis
 Catheterized Unknown
 Urinalysis Culture
 Protein/Creatinine Ratio
 Other _____

Bacteriology/Mycology

Specimen & Site:
ear swab

Routine Culture and Sensitivity
 Anaerobic
 Campylobacter sp.
 Fungal Culture
 Dermatophyte Culture
 Brucella canis
 Mycoplasma sp.
 Other _____

Parasitology

Routine Flotation
 Giardia and Cryptosporidium Combo
 Heartworm Knott's test
 Heartworm SNAP®
 KOH digestion
 Parasite ID
 Other _____

Immunology

IHC for infectious or cellular agent

Antinuclear Antibody (canine only)
 Coombs test (37 °C)
 with Isotyping & Temp Profile
 Distemper (IHC on haired skin biopsy)
 FeLV/FIV SNAP® Test
 Immunoglobulin Quantification
 Tick Panel (4DX SNAP® ELISA)
 Other _____

PCR

Herpesvirus (panherpesvirus – not species specific)
 Mycoplasma haemofelis and M. haemominutum
 Tritrichomonas foetus
 Other _____

Referred Out Tests

Toxicology

Mineral Panel:
 #1 #2 #3 #4
 Single element _____
 Cholinesterase
 Strychnine
 Vitamin A Vitamin E
 Vitamin D (serum only)
 Other _____

Virology

EM for _____
 Antibody test
 Parvovirus
 Feline Calicivirus
 Feline Herpesvirus
 FIP (Feline Coronavirus)
 Virus Isolation
 Feline Calicivirus
 Feline Herpesvirus
 Parvovirus
 Other _____

Pathology/Necropsy

**Dermatopathology
 **Surgical biopsy
 *Complete Necropsy
 Private Cremation (fill out Release of Remains form)
 *Histology
**** Fill out Page 2 – Surgical biopsy/dermatopathology form ****
Fill out page 3 – Necropsy Form



PDS

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PDS Lab # _____

SURGICAL BIOPSY/DERMATOPATHOLOGY SUBMISSION
(Please fill out Page 1 and submit along with this form.)

Clinic: The Best Veterinary Clinic

Owner Name: Smith

Surgical Biopsy

On diagram below shade areas and mark "X" as biopsy sites

Samples submitted:

of formalized tissue biopsies 1 Description mass from left ear

of fresh tissues biopsies _____ Description _____

of cytology specimens 1 List sites: 1) fluid from left ear

- 2) _____
- 3) _____
- 4) _____

Dermatopathology Submissions

On diagram below shade areas and mark "X" as biopsy sites

Circle lesion type

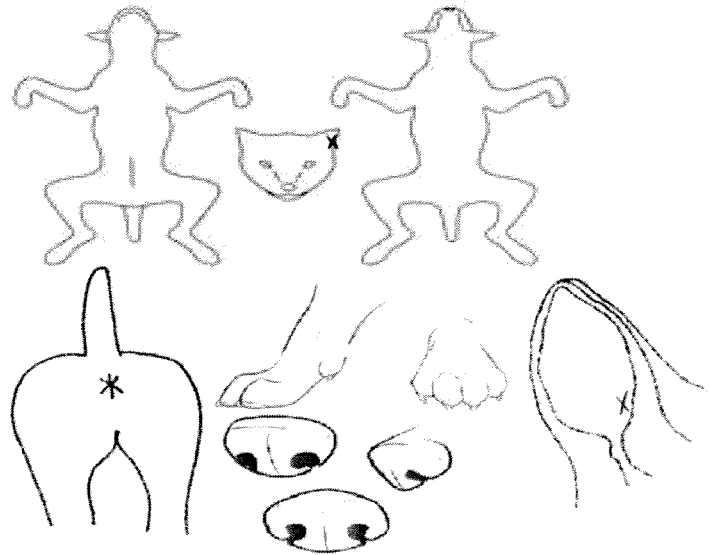
Primary

Secondary

- bullae
- macule
- nodule
- papule
- patch
- plaque
- tumor
- vesicle
- wheal

- abscess
- alopecia
- callus
- collarette
- comedone
- crust
- cyst
- erythema
- erosion

- excoriation
- fissure
- hyperkeratosis
- hyperpigmentation
- hypopigmentation
- scale
- scar
- ulcer



Duration of problem 2 weeks Animal is pruritic YES _____ NO _____ Don't know _____

Pertinent History Removed a similar looking mass 6 months ago, no diagnostics done.

Other test results _____

Treatments surgical removal

Response _____

Tentative Diagnosis _____

Immunohistochemistry: YES _____ NO _____ Call First X



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PDS Lab # _____

BOVINE SUBMISSION FORM

Invoice to Clinic: Large Animal Veterinary Clinic	Owner/Farm Name: Shield Farm
Address: Box 55	Animal Location: S0E 8T4
Postal Code: S0E 8T9	Animal ID: X64
Phone: 306-555-5557	Species: BOVINE Breed: Holstein
Veterinarian: Dr. Zurowski Print name	Fax: 306-555-5556
Email: lavclinic@hotmail.com	Sex: <input type="checkbox"/> Male <input type="checkbox"/> MN <input checked="" type="checkbox"/> Female Age: 6 days
Copy to:	

STAT (fees apply) **Rabies Suspect** **Legal Case** **Insurance Case** **Date Collected:** 25-02-2013

Reason For Submission

Diagnostic
 Research
 Surveillance
 Routine Monitoring

Samples	Sent	Received <small>office use only</small>
On cells		
EDTA		
Serum		
Fluid		
Slides		
Milk		
Urine		
Feces		
Swab		
Fixed Tissues	3	
Fresh Tissues	3	
Paraffin Block		
Whole Animal		
Other _____		

HISTORY: (including vaccination history, treatments etc) **Special Project Name (if applicable):** _____

6 day old calf found dead. Abomasum was full, umbilicus and lungs were clean. No gross abnormalities seen except some streaking of cardiac muscle.

Previous Submission #: _____ Submitters Signature:

Herd Size: 200
No. sick: 4
No. dead: 2
New disease, duration: 4 days
Ongoing disease, duration: n/a
Non disease: n/a

★★ **NATIONAL SURVEILLANCE** ★★
Please complete this section.

★★ **Production Stage** ★★

Fetus
 Neonate
 Nursing
 Weaned
 Feeder
 Replacement Heifer
 Backgrounder
 Adult

★★ **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 Panels

Standard Kidney
 Presurgical Liver
 Single Chemistry: _____
 Other _____

Hematology

CBC Blood smear Evaluation
 Other _____

Endocrine

BioPRYN Estradiol
 Progesterone Testosterone
 Other _____

Urine

Freeflow Cystocentesis
 Catheterized Unknown
 Urinalysis Culture
 Other _____

Cytology

Fluid(s) Smear(s)
 Other _____

** see page 3 for diagrams and list of sites

Referred out Test

Leptospirosis
 Other _____

Bacteriology

Specimen & Site: _____

Routine Culture & Sensitivity
 Campylobacter sp.
 Salmonella sp.
 Anthrax
 Clostridium FA
 E.coli virotyping by PCR
 Fungal culture
 Johne's Stain Stain & Culture
 Mycoplasma sp.
 Other _____

Parasitology

Routine Flotation
 Fecal Egg Count
 Giardia & Cryptosporidium combo
 Other _____

Immunology

IHC for infectious agent

BVD skin biopsy
 Immunoglobulin Quantification
 Other _____

PCR

BVD Bovine Papilloma
 Campylobacter fetus
 Chlamydia sp.
 Clostridium perfringens
 E.coli virotyping
 Johne's
 Mycobacterium sp.
 Mycobacterium bovis
 Mycoplasma bovis
 Tritrichomonas foetus
 Ureaplasma sp.
 Other _____

Serology

Brucella (BPAT) - Must be accompanied by CFIA forms
 BVD-1 BVD-2
 BRSV IBR
 PI3 Coronavirus
 Bovine Respiratory panel
 Histophilus somni Johne's
 Mannheimia haemolytica
 Neospora Leukosis

Toxicology

Mineral Panel:
 #1 #2 #3 #4
 Single element

Nitrate
 Vitamin A Vitamin E
 Vitamin A and E
 Vitamin D

Virology

Corona/Rotavirus fecal FAT
 Fluorescent Antibody Test
 BRSV BVD IBR PI3
 Coronavirus rotavirus
 Virus isolation
 BVH-2 BVD
 IBR PI3
 EM for _____

Pathology/Necropsy

**Dermatopathology
 **Surgical Biopsy
 *Complete Necropsy
 *Histology

Fill out page 2 - Necropsy Form
** Fill out page 3 - Surgical biopsy/dermatopathology form **



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

Clinic: Large Animal Veterinary Clinic

Owner/Farm Name: Shield Farm

Signs of sickness: Found dead

Date of death: 25-02-2013 Euthanasia: method/route: _____

Housing and management (pasture, feedlot, etc) pasture

Source of recent additions none When: _____

Ration fed: _____ Recent change to ration? _____

Supplements, minerals or vitamins: _____ Source of water: well

If abortion: Age of dam: _____ Estimated age of fetus: _____ Breeding: (AI/Natural) _____ Number aborted: _____

Fixed tissues submitted: liver, muscle, heart

Fresh tissues submitted: liver, muscle, heart

Lab test (s) requested: 1) histo 2) mineral panel #1 3) _____ 4) _____

Gross Necropsy Notes: