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Date/Time (RECEIVED)

PDS Lab # _____

COMPANION AND EXOTIC ANIMAL SUBMISSION FORM

Invoice to: Clinic: Address: Postal Code: Phone: Veterinarian: Fax: <small>Print name</small> Email: Copy to:	Owner Name: Animal Location: N/A Animal ID: Species: Breed: Sex: <input type="checkbox"/> Male <input type="checkbox"/> MN <input type="checkbox"/> Female <input type="checkbox"/> FS Age: _____
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STAT (fees apply)
 Rabies Suspect
 Legal Case
 Insurance Case
 Date Collected: _____

Reason For Submission

Diagnostic
 Research
 Surveillance
 Routine Monitoring

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

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

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: _____

Routine Culture and Sensitivity
 Anaerobic
 Campylobacter sp.
 Fungal 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



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

Clinic: _____	Owner Name: _____
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Surgical Biopsy On diagram below shade areas and mark "X" as biopsy sites

Samples submitted:

of formalized tissue biopsies _____ Description _____

of fresh tissues biopsies _____ Description _____

of cytology specimens _____ List sites: 1) _____
 2) _____
 3) _____
 4) _____

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

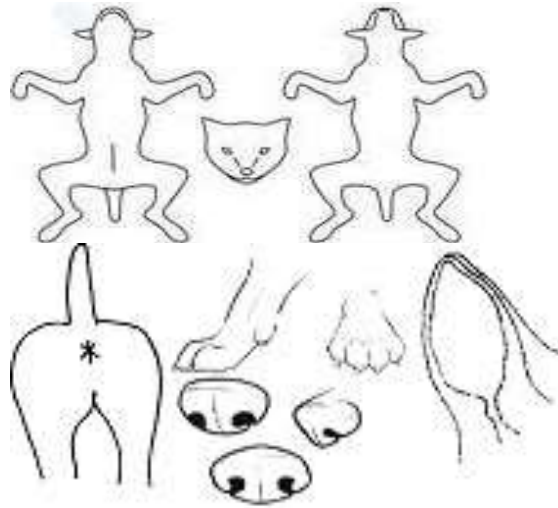
Circle lesion type

Primary

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

Secondary

- abscess
- alopecia
- callus
- collarette
- comedone
- crust
- cyst
- erythema
- erosion
- excoriation
- fissure
- hyperkeratosis
- hyperpigmentation
- hypopigmentation
- scale
- scar
- ulcer



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

Pertinent History _____

Other test results _____

Treatments _____

Response _____

Tentative Diagnosis _____

Immunohistochemistry: YES _____ NO _____ Call First _____

