



Prairie Diagnostic Services Inc.  
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Date/Time (RECEIVED)

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

### Multi Animal Form

<b>Clinic:</b>	<b>Owner/Farm name:</b>
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	ID #	Age	Method	Test
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Brachyspira colitis Investigation**  
**Fecal Sample Submission**  
 (Complete all information per Animal ID)

	Animal ID	Age (Weeks)	Pen/Room Location	Consistency (wet cement, runny, blood, mucoid, etc.)	Collected from animal or farm floor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					