



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)

PDS Lab # _____

CAPRINE AND OVINE SUBMISSION FORM

Invoice to Clinic:	Owner/Farm Name:
Address:	Animal Location:
Postal Code: Phone:	Animal ID: Barn ID:
Veterinarian: <small>Print name</small>	Species: Breed:
Email:	Sex: _____ Age: _____
Copy to:	

STAT (fees apply) **Rabies Suspect** **Legal Case** **Insurance Case** **Date Collected:** _____

<p>Reason For Submission</p> <p><input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Surveillance <input type="checkbox"/> Routine Monitoring</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Samples</th> <th style="width:10%;">Sent</th> <th style="width:15%;">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>Milk</td><td></td><td></td></tr> <tr><td>Urine</td><td></td><td></td></tr> <tr><td>Feces</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>Herd size: _____ No. sick: _____ No. dead: _____ New disease, duration: _____ Ongoing disease, duration: _____ Non disease: _____</p>	Samples	Sent	Received <small>office use only</small>	On cells			EDTA			Serum			Fluid			Slides			Milk			Urine			Feces			Swab			Fixed Tissues			Fresh Tissues			Paraffin Block			Whole Animal			Other _____			<p>History: _____</p> <p style="text-align: right;">Special Project Name: (if applicable): _____</p> <p>Previous submission #: _____</p> <p style="text-align: right;">Submitters Signature: _____</p>
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★★NATIONAL SURVEILLANCE★★
Please complete this section
★★Production Stage★★

Fetus
 Neonate
 Nursing
 Weaned
 Juvenile
 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 Surgical
 Liver Kidney
 Single chemistry: _____
 Other: _____

Hematology

CBC
 Blood smear evaluation
 Other: _____

Urine

Freeflow Cystocentesis
 Catheterized Unknown
 Urinalysis Culture
 Other _____

Cytology

Fluid(s) Smear(s)
 Other _____

List sites:
1) _____ 2) _____
3) _____ 4) _____

Referred out test

Bacteriology

Specimen & Site _____

Routine Culture & Sensitivity
 Anaerobic Fungal Culture
 Salmonella sp.
 Clostridium FA
 Mycoplasma sp.
 Other _____

Parasitology

Fecal flotation Fecal Egg count
 Giardia & Cryptosporidium combo
 Parasite ID
 Other _____

Immunology

IHC for Infectious agent

Scrapie
 Other _____

PCR

Campylobacter sp. Coxiella sp.
 Chlamydomphila sp.
 Clostridium perfringens
 Johne's (Mycobacterium paratuberculosis)
 Mycoplasma sp.
 Other _____

Toxicology

Mineral Panel
 #1 #2 #3 #4
 Single Element _____
 Vitamin A
 Vitamin E
 Vitamin A and E
 Other _____

Serology

Johne's (Mycobacterium paratuberculosis)
 CAE ELISA OPP ELISA

Virology

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

Clinic: _____	Owner Name: _____																											
<p>Surgical Biopsy Samples submitted: # of formalized tissue biopsies _____ Description _____ # of fresh tissues biopsies _____ Description _____</p> <p>Dermatopathology Submissions</p> <p>Circle lesion type <u>Primary</u> <u>Secondary</u></p> <table style="width:100%; border:none;"> <tr> <td style="width:33%;">bulla</td> <td style="width:33%;">abscess</td> <td style="width:33%;">excoriation</td> </tr> <tr> <td>macule</td> <td>alopecia</td> <td>fissure</td> </tr> <tr> <td>nodule</td> <td>callus</td> <td>hyperkeratosis</td> </tr> <tr> <td>papule</td> <td>collarette</td> <td>hyperpigmentation</td> </tr> <tr> <td>patch</td> <td>comedone</td> <td>hypopigmentation</td> </tr> <tr> <td>plaque</td> <td>crust</td> <td>scale</td> </tr> <tr> <td>tumor</td> <td>cyst</td> <td>scar</td> </tr> <tr> <td>vesicle</td> <td>erythema</td> <td>ulcer</td> </tr> <tr> <td>wheel</td> <td>erosion</td> <td></td> </tr> </table> <p>Duration of problem _____</p> <p>Animal is pruritic YES _____ NO _____ Don't know _____</p> <p>Pertinent History _____ _____ _____ _____</p> <p>Other test results _____</p> <p>Treatments _____</p> <p>Response _____</p> <p>Tentative Diagnosis _____</p> <p>Immunohistochemistry: YES _____ NO _____ Call First _____</p>		bulla	abscess	excoriation	macule	alopecia	fissure	nodule	callus	hyperkeratosis	papule	collarette	hyperpigmentation	patch	comedone	hypopigmentation	plaque	crust	scale	tumor	cyst	scar	vesicle	erythema	ulcer	wheel	erosion	
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