



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 SUBMISSION FORM**

|  |   |
|--|---|
| Invoice to<br><b>Clinic:</b>                             | <b>Owner/Farm Name:</b>                             |
| <b>Address:</b>  | <b>Animal Location:</b>                             |
| <b>Postal Code:</b> <b>Phone:</b>                        | <b>Animal ID:</b> <b>Barn ID:</b> <b>Herd Size:</b> |
| <b>Veterinarian:</b><br><small>Print name</small>        | <b>Species:</b> Caprine <b>Breed:</b>               |
| <b>Email:</b><br><b>Copy to:</b> fritz.schumann@usask.ca | <b>Sex:</b> _____ <b>Age:</b> _____                 |

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

**Reason For Submission**

Diagnostic  
 Research  
 Surveillance  
 Routine Monitoring

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

Herd size: \_\_\_\_\_  
No. sick: \_\_\_\_\_  
No. dead: \_\_\_\_\_  
New disease, duration: \_\_\_\_\_  
Ongoing disease, duration : \_\_\_\_\_  
Non disease: \_\_\_\_\_

**History:**                      Special Project Name: (if applicable): \_\_\_\_\_

Bill to: **Livestock Branch, Animal Health Unit (LIVBRA0001)**

Incident ID: **PRJ0151**

McMasters - Small Ruminant Pooled Screening - number submitted \_\_\_\_\_  
- Pooled Screening analysis is for herd size >= 20.

Modified McMasters Fecal Egg Count - Individual sample - number submitted \_\_\_\_\_  
- Individual analysis is for herd size <20.

**Collect a minimum of 15-20 pellets from each animal (small volume samples will be excluded from testing). See sampling instructions for additional information.**

Include Excel list of sample IDs with submission form. Email list to dso@usask.ca

Previous submission #: \_\_\_\_\_                      Submitters Signature: \_\_\_\_\_

★★**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.  
 Chlamydoiphila 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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### Multi Animal Form

|                |                         |
|----------------|-------------------------|
| <b>Clinic:</b> | <b>Owner/Farm name:</b> |
|----------------|-------------------------|

|    | ID # | Age | Method | Test |
|----|------|-----|--------|------|
| 1  |      |     |        |      |
| 2  |      |     |        |      |
| 3  |      |     |        |      |
| 4  |      |     |        |      |
| 5  |      |     |        |      |
| 6  |      |     |        |      |
| 7  |      |     |        |      |
| 8  |      |     |        |      |
| 9  |      |     |        |      |
| 10 |      |     |        |      |
| 11 |      |     |        |      |
| 12 |      |     |        |      |
| 13 |      |     |        |      |
| 14 |      |     |        |      |
| 15 |      |     |        |      |
| 16 |      |     |        |      |
| 17 |      |     |        |      |
| 18 |      |     |        |      |
| 19 |      |     |        |      |
| 20 |      |     |        |      |
| 21 |      |     |        |      |
| 22 |      |     |        |      |
| 23 |      |     |        |      |
| 24 |      |     |        |      |
| 25 |      |     |        |      |
| 26 |      |     |        |      |
| 27 |      |     |        |      |
| 28 |      |     |        |      |
| 29 |      |     |        |      |
| 30 |      |     |        |      |
| 31 |      |     |        |      |
| 32 |      |     |        |      |
| 33 |      |     |        |      |
| 34 |      |     |        |      |
| 35 |      |     |        |      |