



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

Date/Time (RECEIVED) _____

PDS Lab # _____

SWINE SUBMISSION FORM

Invoice to Clinic: Address: Postal Code: Phone: Veterinarian: Fax: <small>Print name</small> Email: Copy to:	Owner/Farm Name: Animal Location/Premise ID: Animal ID: Barn ID: Species: PORCINE Breed: Sex: <input type="checkbox"/> Gilt <input type="checkbox"/> Sow <input type="checkbox"/> Boar <input type="checkbox"/> Barrow (Check all that apply) 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		
Feces		
Swab		
Fixed tissue		
Fresh tissue		
Paraffin block		
Whole Animal		
Other: _____		

Herd size: _____
 No. sick: _____
 No. dead: _____
 New disease; duration: _____
 Ongoing disease; duration: _____
 Non disease: _____

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

Previous submission #: _____ Submitters Signature: _____

★★NATIONAL SURVEILLANCE★★
 Please complete this section

★★ Production Stage ★★

Farrow to Finish
 Farrow to Wean
 Grow Finish
 Non Commercial

★★ 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

Chemistry Panel (Swine)
 Single chemistry: _____
 Other _____

Hematology

CBC
 Differential Count
 Platelets
 Other _____

Bacteriology/Mycology
 Specimen & Site: _____

Routine Culture & Sensitivity
 Clostridium difficile/perfringens
 Toxin typing by PCR
 E. coli
 viotyping by PCR
 Mycoplasma sp.
 Salmonella sp.
 Brachyspira (Dr. Hill's Lab)
 Other _____

Parasitology

Routine Flotation
 Other _____

Immunology

IHC for infectious agent
 Immunoglobulin Quantification (IgG)
 Other _____

PCR

Brachyspira hyodysenteriae/pilosicoli
 E. coli viotyping
 Lawsonia intracellularis
 Mycoplasma sp.
 PRRS
 Porcine Parvovirus
 Porcine Circovirus-2
 Swine Influenza
 Novel Brachyspira (Dr. Hill's Lab)
 Other _____

Serology

Mycoplasma hyopneumoniae ELISA
 IDEXX
 DAKO as follow up to pos.
 PRRS ELISA
 PRRS IFA as follow up to pos.
 Influenza A virus ELISA
 TGE/PRCV ELISA
 A. pleuropneumoniae Multi APP
 (Referred Out Test)

Toxicology

Mineral Panel #1
 Any single element _____
 Vitamin A Vitamin E
 Vitamin A and E
 Other _____

Virology

EM for _____
 Porcine Parvovirus FAT
 Porcine Rotavirus FAT
 TGE FAT
 Other _____

Referred Out Tests

Mycoplasma hyorhinis
 Other _____

Necropsy

*Complete Necropsy
 *Histology
 **Surgical biopsy
 **Dermatopathology
*** 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:	Owner/Farm Name:
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Signs of sickness: _____

Date of death: _____ Euthanasia: method/route: _____

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

Fixed tissues submitted: _____

Fresh tissues submitted: _____

Lab test (s) requested: 1) _____ 2) _____ 3) _____ 4) _____

Gross Necropsy Notes:



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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>wheal</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>_____</p> <p>_____</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	wheal	erosion	
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