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

PDS Lab # _____
Date/Time (RECEIVED) _____
Clinic # _____

AVIAN SUBMISSION FORM

* Required Fields

Clinic*: _____
Address: _____
Postal Code: _____ **Phone:** _____
Veterinarian*: _____
Email: _____
Copy to Name: _____
Copy to Email: _____

Owner/Farm Name*: _____
Location/Premise ID*: _____
Barn ID: _____
Species*: _____
Breed*: _____
Animal ID*: _____
For Multiple Animals include a Multi Animal Form
Age*: _____ **Age Unit*:** _____ **Sex*:** _____

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

Commodity: _____
Prod. Stage: _____
REASON FOR SUBMISSION
Reason#1: _____
Reason#2: _____
PRIMARY SYSTEMS AFFECTED
System#1: _____
System#2: _____
System#3: _____

Samples	Samples Sent*	Received office use only
On Cells		
Serum		
EDTA		
Heparin		
Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other_____		

Invoice to (if applicable) _____ **Purchase Order Number:** _____
Incident Identifier: _____

HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)

Herd size: _____ #Sick: _____ #Dead: _____

Previous PDS Case Number: _____ Submitters Signature:

Chemistry Panels
- ☐ Avian Standard Panel
- ☐ Avian Mini Panel
- ☐ Avian Mini Plus Panel
- ☐ Single Chemistry: _____
- ☐ Other: _____

Hematology
- ☐ CBC
- ☐ Blood smear Examination
- ☐ PCV/TP/Blood Smear Evaluation
- ☐ Other: _____

Cytology
- ☐ Fluid ☐ Smear
- Site: _____
_____

Bacteriology/Mycology
Specimen & Site: _____
_____
- ☐ Routine Culture & Susceptibility
  - ☐ Check for MIC
- ☐ Fungal Culture
- ☐ Salmonella Culture

Sample: ☐ Fluff ☐ Dust ☐ Sponge
Location: ☐ Belt ☐ Cages ☐ Fans ☐ Floor ☐ Other
- ☐ Other: _____

Parasitology
- ☐ Routine Flotation
- ☐ Modified Wisconsin
- ☐ Mite Examination
- ☐ Other: _____

Immunology
- ☐ IHC - Stain: _____
- ☐ Other: _____

PCR
- ☐ Avian Influenza (CFIA Accredited test)
- ☐ Avian paramyxovirus (CFIA Accredited test)
- ☐ Chlamydophila psittaci
- ☐ Mycobacterium sp.
- ☐ Mycoplasma gallisepticum and Mycoplasma synoviae
- ☐ Mycoplasma sp.
- ☐ ILT (Gallid herpesvirus 1)
- ☐ West Nile Virus (tissue)
- ☐ Other: _____

Referred out Test
- ☐ Other: _____

Toxicology
Mineral Panel:
☐ #1 ☐ #2 ☐ #3 ☐ #4
- ☐ Single Mineral: _____

Vitamin A ☐ Blood ☐ Liver
Vitamin E ☐ Blood ☐ Liver
- ☐ Vitamin A & E
- ☐ Vitamin D (blood only)
- ☐ Cholinesterase (brain / blood)
- ☐ Methemoglobin
- ☐ Nitrite (serum / ocular fluid)
- ☐ Other: _____

Virology
- ☐ Other: _____

Necropsy, Surgical and Histology
- ☐ complete Page 2

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NECROPSY SUBMISSION

(Please fill out page 1 and submit along with this form.)

Clinic/Submitter:	**Owner/Farm Name:**

Copy of results to: _____

Number of birds submitted: a) Dead _____ b) Live _____ c) Portions: _____

Source (Hatchery): _____

Flock size: _____ Other Poultry on farm: ☐ yes ☐ no

If yes, type and source: _____

Feed supplier:_____ Water source: _____

Vaccinations: _____ Medication: _____

Signs of disease:

Other Comments: