



Prairie Diagnostic Services Inc.
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Date/Time (RECEIVED)

PDS

UACC NECROPSY SUBMISSION FORM

PDS Lab # _____

Invoice to Researcher Name:	Owner Name:
Account number:	Location:
AUP number: Phone:	Species:
Veterinarian: <small>Print name</small>	Breed:
Copy to Name: Research Ethics Office – U of S	Animal ID:
Copy to Email: uacc.office@usask.ca	Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> MN <input type="checkbox"/> Female

Teaching animal

Research animal

Date Collected: _____

Reason For Submission <input type="checkbox"/> Research <input type="checkbox"/> Routine Monitoring	Invoice to (if applicable): HISTORY: (include vaccination history, treatments, etc)		PO Number: _____ Incident Identifier: _____														
	<table border="1"> <thead> <tr> <th>Samples</th> <th>sent</th> <th>Received <small>office use only</small></th> </tr> </thead> <tbody> <tr> <td>Fixed Tissues</td> <td></td> <td></td> </tr> <tr> <td>Fresh Tissues</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>	Samples	sent	Received <small>office use only</small>	Fixed Tissues			Fresh Tissues			Whole Animal			Other _____			Previous Submission #: _____
Samples	sent	Received <small>office use only</small>															
Fixed Tissues																	
Fresh Tissues																	
Whole Animal																	
Other _____																	

Signs of sickness: _____

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

Housing and management: _____

Source of recent additions: _____ When: _____

Ration fed: _____ Recent change to ration? _____

Supplements, minerals or vitamins: _____ Source of water: _____

Fixed tissues submitted: _____

Fresh tissues submitted: _____

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