



Prairie Diagnostic Services Inc.  
 52 Campus Drive Saskatoon, SK, S7N 5B4  
 TEL: (306) 966-7316 FAX: (306) 966-2488  
 Website: pdsinc.ca Email: pds.info@usask.ca

PDS Lab # \_\_\_\_\_  
 Date/Time (received) \_\_\_\_\_  
 Clinic # \_\_\_\_\_

**BOVINE SUBMISSION FORM** \* Required Fields

<b>Clinic*:</b> _____ <b>Address:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Veterinarian*:</b> _____ <b>Email:</b> _____ <b>Copy to: Name</b> _____ <b>Copy to: Email</b> _____	<b>Owner/Farm Name*:</b> _____ <b>Location/Premise ID*:</b> _____ <b>Barn ID:</b> _____ <b>Species*:</b> _____ <b>Breed*:</b> _____ <b>Animal ID*:</b> _____ <small>For Multiple Animals include a Multi Animal Form</small> <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
--	---

**STAT (fees apply)**    **Rabies**    **RG3 Suspect (e.g. Anthrax)**    **Legal / Insurance Case**   **Date Collected\*:** \_\_\_\_\_

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

**Invoice to** \_\_\_\_\_ **Purchase Order Number:** \_\_\_\_\_  
**(if applicable)** **Incident Identifier:** \_\_\_\_\_  
**HISTORY:** (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)

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

Herd size: \_\_\_\_\_ #Sick: \_\_\_\_\_ #Dead: \_\_\_\_\_  
 Previous PDS Case Number: \_\_\_\_\_ Submitters Signature: \_\_\_\_\_  
 Swab / Tissue Sites: \_\_\_\_\_

**Chemistry Panels**  
 Standard    Kidney  
 Presurgical    Liver  
 Single Chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Hematology**  
 CBC  
 Other: \_\_\_\_\_

**Urine**  
 Collection Method: \_\_\_\_\_  
 Urinalysis    Culture

**Endocrine**  
 BioPRYN

**Multi-Lab Panel**  
 Bovine Diarrhea Panel  
     E. coli enteric virotyping  
      up to 1 week old  
      over 1 week old  
 Bovine Respiratory Panel  
 7 PCR Targets + C&S  
     (IBR, BRSV, PI3, BCoV, M.bovis, BVD, Influenza D, C&S)  
 7 PCR Targets  
     (IBR, BRSV, PI3, BCoV, M.bovis, BVD, Influenza D)  
 6 PCR Targets  
     (IBR, BRSV, PI3, BCoV, M.bovis, Influenza D)  
 Antibody (BRSV, PI3, IBR, BCoV)

**Bacteriology/Mycology**  
 Specimen & Site: \_\_\_\_\_  
 Routine Culture & Susceptibility  
      Check for MIC  
 Fungal Culture  
 Anthrax – see PCR  
 Salmonella Screening  
 Clostridium Fluorescent Antibody Test  
 Other: \_\_\_\_\_

**Parasitology**  
 Routine Flotation  
 Modified Wisconsin  
 Mite and Anthropod Examination  
 Cryptosporidium/Giardia FA and Routine Float  
 Other: \_\_\_\_\_

**Immunology**  
**BVD skin biopsy (Discontinued see PCR)**  
 IHC - Stain: \_\_\_\_\_  
 Immunoglobulin Quantification  
 Other: \_\_\_\_\_

**Referred Out Tests**  
 Other: \_\_\_\_\_

**PCR**  
 Anthrax  
 BVD    BVD Pooled  
 E. coli enteric virotyping  
 Bovine Parainfluenza 3  
 Bovine Respiratory Syncytial Virus  
 Bovine Coronavirus  
 Bovine Rotavirus  
 Bovine Coronavirus and Rotavirus  
 Infectious Bovine Rhinotracheitis (Bovine Herpesvirus 1)  
 Chlamydia abortus  
 Coxiella burnetti  
 Malignant Catarrhal Fever (OHV-2)  
 Mycobacterium paratuberculosis (Johne's)  
      Pooled  
 Mycoplasma bovis  
 Campylobacter fetus ssp. venerealis  
 Campylobacter fetus ssp. venerealis/Tritrichomanas foetus  
 Tritrichomonas foetus    Pooled

**Serology**  
 Brucella (BPAT) - **Must be accompanied by CFIA forms**  
 BVD-1    BVD-2    BRSV  
 IBR    PI3    Johne's  
 Coronavirus  
 Neospora    Leukosis  
 Salmonella Dublin    Anaplasma

**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**  
 Fluorescent Antibody Test  
 BRSV    BVD    IBR    PI3  
 Corona and Rotavirus see PCR  
 Virus isolation  
 BHV-1    BHV-2    BVD  
 PI3    Adenovirus  
 Papular Stomatitis  
 Other: \_\_\_\_\_

**Cytology**  
 Fluid    Smear  
 Site: \_\_\_\_\_

**Necropsy, Surgical and Histology**  
 complete Page 2



<b>Clinic:</b> _____	<b>Owner:</b> _____
----------------------	---------------------

**NECROPSY AND/OR HISTOLOGY SUBMISSION**

Signs of sickness: \_\_\_\_\_

Date of death: \_\_\_\_\_ Euthanasia: method/route: \_\_\_\_\_

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

Circle all tissue type(s) submitted and indicate the number of each sent:

Fixed Tissues: \_\_\_ Lung \_\_\_ Liver \_\_\_ Spleen \_\_\_ Kidney \_\_\_ LN \_\_\_ Ileum \_\_\_ Other \_\_\_\_\_

Fresh Tissues: \_\_\_ Lung \_\_\_ Liver \_\_\_ Spleen \_\_\_ Kidney \_\_\_ LN \_\_\_ Ileum \_\_\_ Other \_\_\_\_\_

Lab Test(s) Requested: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Would you like to include additional photos? \_\_\_\_\_

Gross Necropsy Notes:

**SURGICAL BIOPSY SUBMISSION**

Number of formalized tissue biopsies: \_\_\_\_\_

Description: \_\_\_\_\_

Number of fresh tissue biopsies: \_\_\_\_\_

Description: \_\_\_\_\_