



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 # \_\_\_\_\_

**COMPANION and EXOTIC 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> (if applicable): _____ <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> _____
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**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:** \_\_\_\_\_

**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		
Blood Smear		
Cytology Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

Animal receiving Chemotherapy:  Yes     No    Are drugs cytotoxic to humans:  Yes     No  
 Herd size: \_\_\_\_\_ #Sick: \_\_\_\_\_ #Dead: \_\_\_\_\_  
 Previous PDS Case Number: \_\_\_\_\_ Submitters Signature: \_\_\_\_\_  
 Swab / Tissue Sites: \_\_\_\_\_

**Chemistry**  
**Panels**  
 Standard     Kidney  
 Presurgical     Liver  
 Mini (exotics only)     Pancreas  
**Avian/Reptile/Amphibians**  
 Standard     Mini     Mini+  
 Bile Acid     Fasted     Post-prandial  
 Fructosamine: (canine / feline only)  
 Single chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Hematology**  
 CBC  
 Other: \_\_\_\_\_  
**Coagulation**  
 PT     PTT  
**Endocrine**  
 T4     Resting     Post Pill  
 Canine cTSH (canine only)  
 ACTH Stimulation Test  
 Pre     1 hr post     2 hr post  
 Dexamethasone Suppression  
 LDDST     HDDST  
 Pre     3 or 4 hr post     8 hr post  
 Cortisol (single):  Resting     Post  
 Phenobarbital     Progesterone  
**Endocrine now referred out**  
 T3     KBr  
 KBr/Phenobarbital combo  
 Testosterone     Estradiol  
 Other: \_\_\_\_\_

**Urine**  
 Collection Method: \_\_\_\_\_  
 Free Flow     Cystocentesis  
 Catheterized     Unknown  
 Off Table  
 Urinalysis     Culture  
 Protein/Creatinine Ratio  
 Urinalysis and Urine Cytology  
 Other: \_\_\_\_\_  
**Bacteriology/Mycology**  
 Specimen & Site: \_\_\_\_\_  
 Routine Culture & Susceptibility  
 Check for MIC  
 Fungal culture  
 Urine culture  
 Other: \_\_\_\_\_  
**Parasitology**  
 Routine Flotation  
 Modified Wisconsin  
 Baermann (Larvae Sedimentation)  
 Cryptosporidium/Giardia FA and Routine Float  
 Fecal Egg Sedimentation  
 Modified Knott's - Heartworm  
 Mite and Arthropod Examination (KOH)  
 Parasite ID  
 Other: \_\_\_\_\_

**Immunology**  
 IHC – Stain: \_\_\_\_\_  
 Antinuclear Antibody (Canine only)  
 Coombs test (37°C)  
 with Temperature Profile  
 Distemper (IHC on haired skin biopsy)  
 Other: \_\_\_\_\_  
**PCR**  
 E. coli Canine Enteric Panel  
 Feline Calicivirus/Herpesvirus  
 Herpesvirus (panherpesvirus – not species specific)  
 Mycoplasma haemofelis and M. haemominutum  
 Tritrichomonas foetus  
**PCR Referred to Dr. Jenkins' Lab**  
 Echinococcus spp. / Taenia spp.  
 Sequencing Echinococcus spp. / Taenia spp.  
**Serology**  
 Brucella canis  
 FELV/FIV Combo ELISA  
 Feline Infectious Peritonitis  
 Tick Transmitted Disease Panel SNAP 4Dx Plus Test  
 **Referred Out Tests**  
 \*include agent for shipment if sending to USA.

**Toxicology**  
 Mineral Panel:  
 #1     #2     #3     #4  
 Single Mineral: \_\_\_\_\_  
 Vitamin A     Blood     Liver  
 Vitamin E     Blood     Liver  
 Vitamin A & E     Blood     Liver  
 Vitamin D (blood only)  
 Cholinesterase (brain / blood)  
 Methemoglobin  
 Nitrite (serum / ocular fluid)  
 Other: \_\_\_\_\_  
**Virology**  
 Canine Parvovirus SNAP  
**Feline Calicivirus/Herpesvirus – see PCR**  
**Cytology**  
 Fluid     Smear  
 Sites: #1 \_\_\_\_\_  
       #2 \_\_\_\_\_  
       #3 \_\_\_\_\_  
       #4 \_\_\_\_\_  
**Necropsy, Surgical and Dermatohistopathology (Derm)**  
 Surgical / Derm complete Page 2  
 Necropsy complete Page 3



**SURGICAL BIOPSY/DERMATOPATHOLOGY SUBMISSION**  
 (Please fill out Page 1 and submit along with this form)

<b>Clinic:</b> _____	<b>Owner Name:</b> _____
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**Surgical Biopsy** On diagram below shade areas and mark "X" as

Samples submitted:

# of formalized tissue biopsies \_\_\_\_\_ Description: \_\_\_\_\_

# of fresh tissues biopsies \_\_\_\_\_ Description: \_\_\_\_\_

# of cytology specimens \_\_\_\_\_ List sites: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**Dermatopathology Submissions** On diagram below shade areas and mark "X" as biopsy sites

Circle lesion type

<b><u>Primary</u></b>	<b><u>Secondary</u></b>	
bulla macule nodule papule patch plaque tumor vesicle <i>wheal</i>	abscess alopecia callus collarette comedone crust cyst erythema <i>erosion</i>	excoriation fissure hyperkeratosis hyperpigmentation hypopigmentation scale scar ulcer

Duration of problem: \_\_\_\_\_ Animal is pruritic  Yes  No  Don't know

Pertinent History

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Other test results: \_\_\_\_\_

Treatments Response: \_\_\_\_\_

Tentative Diagnosis: \_\_\_\_\_

Immunohistochemistry:  Yes  No  Call First

