



Prairie Diagnostic Services Inc.  
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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  
 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  
 Virus Isolation  
 Feline Calicivirus  
 Canine Parvovirus  
 Other: \_\_\_\_\_

**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>Primary</b>	<b>Secondary</b>	
bullae	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	

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

