



Prairie Diagnostic Services Inc.
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 TEL: (306) 966-7316 FAX: (306) 966-2488
 Website: pdsinc.ca Email: pds.info@usask.ca

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

EQUINE SUBMISSION FORM * Required Fields

Clinic*: _____ Address: _____ Postal Code: _____ Phone: _____ Veterinarian*: _____ Email: _____ Copy to: Name _____ Copy to: Email _____	Owner/Farm Name*: _____ Location/Premise ID (if applicable): _____ Barn ID: _____ Species*: _____ Breed*: _____ Animal ID*: _____ <small>For Multiple Animals include a Multi Animal Form</small> Age*: _____ Age Unit*: _____ Sex*: _____
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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 (if applicable) _____ **Purchase Order Number:** _____
HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis) _____
Incident Identifier: _____

Samples	Samples Sent*	Received <small>office use only</small>
On Cells		
Serum		
EDTA		
Heparin		
Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

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

Chemistry Panels

Standard Kidney
 Presurgical Liver
 Single Chemistry: _____
 Bile Acid
 Other: _____

Hematology

CBC
 Other: _____

Coagulation

PT PTT

Urine

Collection Method: _____
 Free Flow Cystocentesis
 Catheterized Unknown
 Urinalysis Culture
 Other: _____

Endocrine

Progesterone
 T4 Cortisol
 Dexamethasone Suppression Test Pre Post
 Insulin
 ACTH, Endogenous
 Equine Metabolic Panel
(includes Insulin & ACTH, Endogenous)

Bacteriology/Mycology

Specimen & Site: _____
 Routine Culture & Susceptibility
 Check for MIC
 Salmonella sp.
 Fungal Culture
 Other: _____

Parasitology

Routine Flotation
 Modified Wisconsin
 Mite and Arthropod Examination (KOH)
 Cryptosporidium/Giardia FA and Routine Float
 Other: _____

Referred out Test

Equine Protozoal Myelitis (EPM) - Western Blot, IDEXX
 HYPP (Hyperkalemic Periodic Paralysis)
 Potomac Fever PCR, neorickettsia risticii
 Strep. equi (Strangles) – Antibody
 Testosterone
 PMSG
 Other: _____

PCR

Equine Respiratory Panel
 Equine Herpesvirus 1 & 4
 genotyping
 Equine Influenza
 Lawsonia intracellularis
 Streptococcus equi ssp. equi
 West Nile Virus

Serology

Equine Infectious Anemia (EIA) ELISA - **Must be submitted on CFIA forms using GVL**
 Equine Herpesvirus 1 & 4 – ELISA
 Equine Arteritis Virus (EVA) VN
 West Nile Virus IgM ELISA

Immunology

IHC - Stain: _____
 Coombs
 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: _____

Cytology

Fluid Smear
Sites: #1 _____
 #2 _____
 #3 _____
 #4 _____

Necropsy, Surgical and Histology

complete Page 2



Clinic: _____	Owner: _____
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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: _____