



AVIAN SUBMISSION FORM * Required Fields

Clinic*: _____ Address: _____ Postal Code: _____ Phone: _____ Veterinarian*: _____ Email: _____ Copy to: Name _____ Copy to: Email _____	Owner/Farm Name*: _____ Location/Premise ID*: _____ Barn ID: _____ Species*: _____ Breed*: _____ Animal ID*: _____ <small>For Multiple Animals include a Multi Animal Form or Excel ID list. Email to dso@usask.ca.</small> Age*: _____ Age Unit*: _____ Sex*: _____
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STAT (fees apply) **Rabies Suspect** **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) _____ Herd size: _____ #Sick: _____ #Dead: _____ Previous PDS Case Number: _____ Submitters Signature: _____ Swab / Tissue sites: _____
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Samples	Samples Sent*	Received office use only
On Cells		
Serum		
EDTA		
Heparin		
Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

Chemistry Panels

Avian Standard Panel
 Avian Mini Panel
 Avian Mini Plus Panel
 Single Chemistry: _____
 Other: _____

Hematology

CBC
 Blood smear Examination
 PCV/TP/Blood Smear Examination
 Other: _____

Cytology

Fluid Smear
 Site: _____

Bacteriology/Mycology

Specimen Site: _____

Routine Culture & Susceptibility
 Check for MIC
 Fungal Culture
 Salmonella Culture

Sample: Fluff Dust
 Sponge

Location: Belt Cages
 Fans Floor
 Other

Other: _____

Parasitology

Routine Flotation
 Modified Wisconsin
 Mite and Arthropod Examination (KOH)
 Other: _____

PCR

Avian Influenza (CFIA Accredited test)
 Avian paramyxovirus (CFIA Accredited test)
 Chlamydomyces psittaci
 ILT (Gallid herpesvirus 1)
 Mycobacterium species
 Mycoplasma gallisepticum and Mycoplasma synoviae
 Mycoplasma species
 West Nile Virus (tissue)

Immunology

IHC - Stain: _____
 Other: _____

Referred out Test

Other: _____

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: _____

Necropsy, Surgical and Histology

complete Page 2



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 # _____

Clinic # _____

NECROPSY SUBMISSION

(Please fill out page 1 and submit along with this form.)

Clinic/Submitter: _____	Owner/Farm Name: _____
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Copy of results to: _____

Number of birds submitted: a) Dead _____ b) Live _____ c) Portions: _____

Source (Hatchery): _____

Flock size: _____ Other Poultry on farm: __yes __no

If yes, type and source: _____

Feed supplier: _____ Water source: _____

Vaccinations: _____ Medication: _____

Signs of disease:

Other Comments: