



Prairie Diagnostic Services Inc.  
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 Website: [pdsinc.ca](http://pdsinc.ca) Email: [pds.info@usask.ca](mailto: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 or Excel ID list. Email to dso@usask.ca.</small> <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
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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)

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

**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  
 Clostridium perfringens toxin typing (extra charges apply)  
 Bovine Respiratory Panel  
 7 PCR Targets + C&S (IBR, BRSV, PI3, BCV, M.bovis, BVD, Influenza D, C&S)  
 7 PCR Targets (IBR, BRSV, PI3, BCV, M.bovis, BVD, Influenza D)  
 6 PCR Targets (IBR, BRSV, PI3, BCV, M.bovis, Influenza D)  
 Antibody (BRSV, PI3, IBR, BCV)

**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 Individual  BVD Pooled  
 Bovine Parainfluenza 3  
 Bovine Respiratory Syncytial Virus  
 Bovine Coronavirus  
 Bovine Rotavirus  
 Bovine Coronavirus and Rotavirus  
 Chlamydia abortus  
 Coxiella burnetti  
 E. coli enteric virotyping  
 Infectious Bovine Rhinotracheitis (Bovine Herpesvirus 1)  
 Influenza D  
 Malignant Catarrhal Fever (OHV-2)  
 Mycobacterium paratuberculosis (Johne's)  Individual  Pooled  
 Individual testing on Pool  
     Positives (extra charges apply)  
 Mycobacterium species  
 Mycoplasma bovis  
 Mycoplasma species  
 Campylobacter fetus ssp. venerealis  
 Campylobacter fetus ssp. venerealis/Tritrichomonas foetus  
 Tritrichomonas foetus  
 Individual  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: \_\_\_\_\_

**Mycotoxin / Ergot** – complete the Mycotoxin Ergot Submission Form

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

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



<b>Clinic</b>	<b>Owner</b>
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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: \_\_\_\_\_