



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 # _____

CAPRINE OVINE 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)

Samples	Samples Sent*	Received office use only
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: _____
 Other: _____

Hematology
 CBC
 Other: _____

Urine
 Collection Method: _____
 Urinalysis Culture

Cytology
 Fluid Smear
 Site: _____

Endocrine
 BioPRYN

Referred Out Tests
USA referrals: contact PDS for USA shipping documents
 Corynebacterium pseudotuberculosis Antibody SHI (Caseous lymphadenitis)
 Other: _____

Bacteriology/Mycology
 Specimen & Site: _____
 Routine Culture & Susceptibility
 Check for MIC
 Fungal Culture
 Anthrax Culture
 Salmonella Screening
 Clostridium Fluorescent Antibody Test
 Other: _____

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

Immunology
 IHC - Stain: _____
 Scrapie
 Other: _____

PCR
 Campylobacter sp.
 Coxiella burnetti
 Chlamydia abortus
 Clostridium perfringens
 Mycobacterium avium ssp. paratuberculosis (Johne's)
 Individual
 Pooled
 Individual testing on Pool
 Positives (extra charges apply)
 Mycobacterium species
 Mycoplasma ovipneumoniae
 Sequencing of Positive Samples (extra charges apply)
 Mycoplasma species

Serology
 Mycobacterium paratuberculosis (Johne's) ELISA
 Caprine Arthritis and Encephalitis (CAE) ELISA
 Ovine Progressive Pneumonia (OPP) ELISA

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: _____

Mycotoxin / Ergot – complete the Mycotoxin Ergot Submission Form

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: _____