

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 #	
Date/Time (received)	
Clinic #	

CAPRINE OVINE SUBMISSION FORM * Required Fields

Clinic*:				Owner/Farm Name*:		
Address:				Location/Premise ID*:		
Postal Code:Phone:				Barn ID:		
Veterinarian*:				Species*:		
Email:				Breed*:		
Copy to: Name				Animal ID*:		
					For Multiple Animals include a Multi Animal Form Age*: Age Unit*:	
					nrax) Legal/Insurance Case Da	
Commodity:				eto		umber:
Prod. Stage: REASON FOR S	IIBMISSI	ON	(if appli			
Reason#1:				•	tion history, treatments, disease suspected, tentative diagnosis)	
Reason#2:				, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PRIMARYSYST						
System#1:						
System#2: System#3:						
Samples		Received office use only				
On Cells						
Serum						
EDTA						
Heparin Slide						
Fluid						
FreshTissue						
Fixed Tissue						
Whole Body						
Feces Swab				·		#Dead:
Swab			Drovious	DDC Coop Number	0 1 ''' 0' '	
Urine			Fievious	PDS Case Number:	Submitters Signature:	
Urine Other				ssue Sites:	•	
	els_		Swab / Tis		•	Toxicology
Chemistry Pane Standard	els ☐ Kidi		Swab / Tis	ssue Sites:		Toxicology Mineral Panel:
Other Chemistry Pane Standard Presurgical	☐ Kid	ney er	Swab / Tis Bacteriolog Specime	gy/Mycology en&Site:	PCR ☐ Campylobacter sp. ☐ Coxiella burnetti	
Chemistry Pane Standard Presurgical Single Chemistry Pane	☐ Kidı ☐ Live	ney er	Swab / Tis Bacteriolog Specime Rout	gy/Mycology en&Site: ine Culture & Susceptibility	PCR Campylobacter sp. Coxiella burnetti Chlamydophila abortus	Mineral Panel: ☐ #1 ☐ #2 ☐ #3 ☐ #4
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PDS	Lab	7
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Clinic #_____

Clinic	Owner								
NECROPSY AND/OR HISTOLOGY SUBMISSION Signs of sickness:									
Date of death: Euthanasia: method/route:									
If abortion: Age of dam: Estimated age of fetus: _ Circle all tissue type(s) submitted and indicate the nu	Breeding: (Al/Natural) Number aborted: imber of each sent:								
Fixed Tissues: Lung Liver Spleen k	Kidney LN Ileum Other								
Fresh Tissues: Lung Liver Spleen F	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:		_							