



Prairie Diagnostic Services Inc.
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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 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 <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

Coagulation
 PT PTT

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

Endocrine
 Progesterone
 T4 Cortisol
 Dexamethasone Suppression Test Pre Post
 Insulin Insulin/Glucose Ratio
 Insulin Serial Testing
 Resting Post Post
 ACTH, Endogenous
 Equine Metabolic Panel (Insulin & ACTH, Endogenous)
 Equine PPID (Cushing's Profile) (Insulin, Glucose & ACTH, Endogenous)
 Thyrotropin Releasing Hormone (TRH) Stim Test Pre Post

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
 EHV1 Genotyping
 Influenza A
 Lawsonia intracellularis
 Mycobacterium species
 Mycoplasma species
 Streptococcus equi ssp. equi
 West Nile Virus

Serology
 Equine Infectious Anemia (EIA) ELISA - **Must be submitted on CFIA forms using GVL**
 Equine Arteritis Virus (EVA) VN Screening - 2 Dilutions
 West Nile Virus IgM ELISA (Not suitable for horses vaccinated against West Nile Virus)

Immunology
 IHC - Stain: _____
 Other: _____

Toxicology
 Mineral Panel:
 #1 #2 #3 #4
 Single Mineral: _____
 Vitamin A Blood Liver
 Vitamin E Blood Liver
 Vitamin A & E Blood Liver
 Cholinesterase (brain / blood)
 Methemoglobin
 Nitrite (serum / ocular fluid)
 Other: _____

Referred Out Toxicology
 Vitamin D – referred to Michigan

Mycotoxin / Ergot – complete the Mycotoxin Ergot Submission Form

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: _____