



BOVINE and SMALL RUMINANT FETUS and NON-VIABLE NEONATE 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*: (Dam) _____ (Fetus) _____ Fetus Sex: _____ <small>For Multiple Animals include a Multi Animal Form</small> Fetus Age: Gestational (months)*: _____ Neonate age (hours)*: _____
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STAT (fees apply)
 Rabies Suspect
 RG3 Suspect (e.g. Anthrax)
 Legal/Insurance Case
 Date Collected*: _____

Invoice to: _____ **Purchase Order Number:** _____
 (if applicable) **Incident Identifier:** _____

Commodity: _____	Lab test(s) requested:	Sample Type	Samples Sent*	Received <small>Office Use Only</small>
Prod. Stage: _____	1. _____	Fluid		
REASON FOR SUBMISSION	2. _____	Fixed Tissue		
Reason #1: _____	3. _____	Fresh Tissue		
Reason #2: _____	4. _____	Whole Fetus		
PRIMARY SYSTEMS AFFECTED	5. _____	Placenta		
System #1: _____	6. _____	Other		
System #2: _____				
System #3: _____				

Fixed Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____
 Fresh Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Disease/condition of concern? _____

Previous PDS Case Number: _____ Submitters Signature: _____

Detailed History Information:

of Breeding Females: _____ # Aborted: _____ # Nonviable when born: _____
 When did losses start: _____
 Any issues with pregnancy rate/ long calving seasons: _____
 Vaccination Program: None Current: _____
 Recent animal additions? _____ When: _____
 Rations: _____
 Feed: _____
 Water: _____
 Supplements: _____
 Housing: _____
 Age of Dam: _____ Age of Fetus: _____ Breeding: A.I. Natural Body Condition of Dam: _____
 Signs of illness in Dam: _____
 Signs of illness in Neonate: _____ Dystocia? _____ Weather risk? _____
 Age in general of dams aborting/having nonviable neonates: _____ Overall Bred Cow condition: _____
 Any other relevant background? _____

Use Page 2 for Additional History / Comments



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)

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