



Prairie Diagnostic Services Inc.
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 Website: pdsinc.ca Email: pds.info@usask.ca

PDS Lab # _____
 Date/Time (received) _____
 Clinic # _____

PORCINE 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: _____

Bacteriology/Mycology
 Specimen & Site: _____
 Culture & Susceptibility (General)
 Check for MIC
 Culture & Susceptibility (Respiratory)
 Check for MIC
 Salmonella Screening
 Clostridium difficile culture
 Clostridium Fluorescent Antibody
 Test (C. chauveii, C. novyi, C. septicum, C. sordellii)
 Other: _____

Parasitology
 Routine Flotation
 Modified Wisconsin
 Other: _____

Immunology
 IHC - Stain: _____
 Immunoglobulin Quantification
 Other: _____

Multi-Lab Panel

Porcine Diarrhea Panel:
 (select one test option)
 Late Nursery, Finishing or Adult
(Culture & Susceptibility, Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)
 Additional testing – see Dr. Hill’s lab below.
 Late Suckling and Early Nursery
(Culture & Susceptibility, Salmonella screening, PCR: E. coli Enteric Virotyping; Coronavirus Panel, Porcine Rotavirus A, B, C)
 Neonatal:
(Culture & Susceptibility; Salmonella screening, Clostridium difficile, Clostridium perfringens; PCR: E. coli Enteric Virotyping, Coronavirus Panel, Rotavirus A, B, C)

Dysentery/Brachyspira Panel:
PDS
 Brachyspira hyodysenteriae / pilosicoli PCR
 Brachyspira hyodysenteriae PCR
Dr. Hill’s Lab
 Brachyspira hampsonii g1/2 PCRs
 Brachyspira spp (nox) PCR (including speciation)
 Brachyspira Culture
 Speciation (nox and sequencing)
 Antimic Resist Test (by PCR)

PCR

Brachyspira hyodysenteriae / pilosicoli
 Brachyspira hyodysenteriae
 E. coli Enteric Virotyping
 Glaesserella parasuis (Haemophilus parasuis)
 Influenza A
 Influenza A HA and NA Sequencing
 Lawsonia intracellularis
 Mycobacterium species
 Mycoplasma hyopneumoniae
 Mycoplasma hyorhinis
 Mycoplasma hyosynoviae
 Mycoplasma species
 Porcine Circovirus-2
 Porcine Circovirus-3
 Porcine Corona Panel (PEDV, TGEV, PdCoV)
 Porcine Parvovirus
 Porcine Sapovirus
 PRRS
 Rotavirus A, B and C
 Senecavirus A

Serology
 Mycoplasma hyopneumoniae ELISA
 IDEXX
 Biocheck as follow up to pos.
 PRRS ELISA
 IFA as follow up to pos.
 Swine Influenza A virus ELISA
 TGE/PRCV Differentiation ELISA
 Multi-APP (Actinobacillus pleuropneumoniae) (Referred Out)

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 Mycotoxin & Ergot Submission Form

Cytology
 Fluid Smear
 Site: _____

Necropsy, Surgical and Histology
 complete Page 2

Referred Out Tests
 Other: _____



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: _____