



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

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

COMPANION and EXOTIC 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 office use only
On Cells		
Serum		
EDTA		
Heparin		
Blood Smear		
Cytology Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

Animal receiving Chemotherapy: Yes No Are drugs cytotoxic to humans: Yes No
 Herd size: _____ #Sick: _____ #Dead: _____
 Previous PDS Case Number: _____ Submitters Signature: _____
 Swab / Tissue Sites: _____

Chemistry
Panels
 Standard Kidney
 Presurgical Liver
 Mini (exotics only) Pancreas
Avian/Reptile/Amphibians
 Standard Mini Mini+
 Bile Acid Fasted Post-prandial
 Fructosamine: (canine / feline only)
 Single chemistry: _____
 Other: _____
Hematology
 CBC
 Other: _____
Coagulation
 PT PTT
Endocrine
 T4 Resting Post Pill
 Canine cTSH (canine only)
 ACTH Stimulation Test
 Pre 1 hr post 2 hr post
 Dexamethasone Suppression
 LDDST HDDST
 Pre 3 or 4 hr post 8 hr post
 Cortisol (single): Resting Post
 Phenobarbital Progesterone
Endocrine now referred out
 T3 KBr
 KBr/Phenobarbital combo
 Testosterone Estradiol
 Other: _____

Urine
 Collection Method: _____
 Free Flow Cystocentesis
 Catheterized Unknown
 Off Table
 Urinalysis Culture
 Urinalysis and Urine Cytology
 Protein/Creatinine Ratio
 Cortisol/Creatinine Ratio
 Other: _____
Bacteriology/Mycology
 Specimen & Site: _____
 Routine Culture & Susceptibility
 Check for MIC
 Fungal culture
 Urine culture
 Other: _____
Parasitology
 Routine Flotation
 Modified Wisconsin
 Baermann (Larvae Sedimentation)
 Cryptosporidium/Giardia FA and Routine Float
 Fecal Egg Sedimentation
 Modified Knott's - Heartworm (KOH)
 Mite and Arthropod Examination (KOH)
 Parasite ID
 Other: _____

Immunology
 IHC - Stain: _____
 Antinuclear Antibody (Canine only)
 Coombs test (37°C)
 with Temperature Profile
 Distemper (IHC on haired skin biopsy)
 Other: _____
PCR
 E. coli Canine Enteric Panel
 Feline Calicivirus/Herpesvirus
 Herpesvirus (panherpesvirus - not species specific)
 Mycobacterium species
 Mycoplasma haemofelis and M. Haemominutum
 Mycoplasma species
 Tritrichomonas foetus
PCR Referred to Dr. Jenkins' Lab
 Echinococcus spp. / Taenia spp.
 Sequencing Echinococcus spp. / Taenia spp.
Serology
 Brucella canis
 FELV/FIV Combo ELISA
 Feline Infectious Peritonitis
 Tick Transmitted Disease Panel
 SNAP 4Dx Plus Test

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: _____
Cytology
 Fluid Smear
 Sites: #1 _____
 #2 _____
 #3 _____
 #4 _____
 #5 _____
Necropsy, Surgical and Dermatohistopathology (Derm)
 Surgical / Derm complete Page 2
 Necropsy complete Page 3
 Referred Out Tests
 *include agent for shipment if sending to USA.



SURGICAL BIOPSY/DERMATOPATHOLOGY SUBMISSION
(Please fill out Page 1 and submit along with this form)

Clinic: _____	Owner Name: _____
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Surgical Biopsy On diagram below shade areas and mark "X" as

Samples submitted:

of formalized tissue biopsies _____ Description: _____

of fresh tissues biopsies _____ Description: _____

of cytology specimens _____ List sites: 1) _____

2) _____

3) _____

4) _____

Dermatopathology Submissions On diagram below shade areas and mark "X" as biopsy sites

Circle lesion type

<u>Primary</u>	<u>Secondary</u>	
bullae	abscess	excoriation
macule	alopecia	fissure
nodule	callus	hyperkeratosis
papule	collarette	hyperpigmentation
patch	comedone	hypopigmentation
plaque	crust	scale
tumor	cyst	scar
vesicle	erythema	ulcer
wheal	erosion	

Duration of problem: _____ Animal is pruritic Yes No Don't know

Pertinent History

Other test results: _____

Treatments Response: _____

Tentative Diagnosis: _____

Immunohistochemistry: Yes No Call First

