



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*: _____ For Multiple Animals include a Multi Animal Form Age*: _____ Age Unit*: _____ Sex*: _____
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STAT (fees apply) **Rabies Suspect** **Legal Case** **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
 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. chauvei, C. novyi, C. septicum, C. sordelli)
 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 to Adult
 (Culture & Susceptibility, Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)
 Additional testing – see Dr. Hill's lab below.
 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

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

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

Toxicology

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

Mycotoxin / Ergot – complete Mycotoxin & Ergot Submission Form

Virology
 Other: _____

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: _____