



PDS Checklist for project requests and contracts

Thank you for your enquiry about laboratory testing at Prairie Diagnostic Services Inc. In order for us to provide you with a written price estimate we need to know information on your testing requirements including: number of samples, test type, turnaround times.

Please fill in as much of the information as possible so that we can provide you a comprehensive price estimate in a timely fashion. Where more than one option is provided either circle or underline response.

Principle Investigator:

Description of Project: (attach additional information if required, include Graduate Student Name if applicable)

Species:

Current PDS Client: **Yes** **No**

If No please complete Client Information Form and fax to PDS Accounting 306-966-7737

PO number / Fund number (if available):

Date estimate required by:

Proposed Start Date:

Proposed End Date:

Reason for Request: **Research** **Surveillance** **Diagnostic**

Special Project Requirements: (please add details to special requirements)

Record retention: **Yes** **No** If Yes provide explanation

Special Methodology: **Yes** **No** If Yes provide copy of method

Quality Control Records **Yes** **No**

Interpretation/Consultation **Yes** **No** If Yes provide explanation

Sampling information and requirements: (Note: If PDS needs to subcontract to an external laboratory additional fees will be included in the estimate such as: shipping and handling, test fees at current exchange rate. Note: prices are subject to change without notice.)

Test Request	Sample Type	Number of Samples



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Tests run: **Individual Batches Routine testing**

Samples will arrive: **Fresh Frozen Formalized fixed**

Samples received outside regular business hours will be subject to overtime charges.

Sample Storage requirements prior to test: **Fridge RT (room temp) -20 -80 NA**

Sample retention: **Yes No** (Note: Typically PDS maintains samples for 2 weeks if extended storage is required additional charges may apply. If Yes please include discard date.)

Samples to be returned after testing: **Yes No**

Disposal of submitted samples/carcasses: **Yes No**

Expected Turnaround Time for results/final report:

PDS typically reports results directly from PDS LIMS (.pdf) is this acceptable. **Yes No**

Excel spreadsheet format required (if available): **Yes No**

PDS invoices daily on a per submission basis for the duration of the project unless otherwise requested. Payments may be made monthly based on the statement and statement summary.

Using the information provided we will create a price estimate. The price estimate (not the checklist) must be accepted, signed and returned prior to your first submission. Email acceptance to Director of Project Management and Stakeholder Relations and/or PDS Diagnostic Specialist will suffice.

Once acceptance has been confirmed PDS will provide a customized submission form (if required) to be included with your samples to ensure requirements are carried out as described.

PDS Office Use Only:

PDS price estimate template completed: (for more than one submission) **Yes No**

Additional information required: **Yes No**

Customized submission form required: **Yes No**

Special Project/Incident Identifier assigned **Yes No**

Please ensure a PDS Project/Contract checklist has been completed by Diagnostic Specialist, Area Supervisor and/or designate. Forward to Director of Project Management and Stakeholder Relations.

End of Form

Supersedes: August 30, 2016