



Prairie Diagnostic Services Inc.  
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PDS Lab # \_\_\_\_\_  
Date/Time (RECEIVED) \_\_\_\_\_  
Clinic # \_\_\_\_\_

**PDS** \* Required Fields

## COMPANION and EXOTIC SUBMISSION FORM

<b>Clinic*:</b> _____ <b>Address:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Veterinarian*:</b> _____ <b>Email:</b> _____ <b>Copy to Name:</b> _____ <b>Copy to Email:</b> _____	<b>Owner/Farm Name*:</b> _____ <b>Location/Premise ID*:</b> _____ <b>Barn ID:</b> _____ <b>Species*:</b> _____ <b>Breed*:</b> _____ <b>Animal ID*:</b> _____ <small>For Multiple Animals include a Multi Animal Form</small> <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
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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: \_\_\_\_\_

**Chemistry Panels**

Standard    Kidney  
 Presurgical    Liver  
 Mini (exotics only)    Pancreas

**Reptile/Amphibians**

Standard    Mini    Mini+  
 Bile Acid    Fasted    Post-prandial  
 Fructosamine: (canine / feline only)  
 Single chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Hematology**

CBC  
 Blood smear Examination  
 Other: \_\_\_\_\_

**Coagulation**

PT    PTT    FDP

**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 hr post    8 hr post  
 KBr/Phenobarbital combo  
 Phenobarbital    KBr  
 Cortisol:    Resting    Post  
 Progesterone    Testosterone  
 Estradiol    LH (luteinizing hormone)  
 Relaxin  
 Other: \_\_\_\_\_

**Urine**

Collection Method: \_\_\_\_\_

Free Flow    Cystocentesis  
 Catheterized    Unknown  
 Urinalysis    Culture  
 Protein/Creatinine Ratio  
 Urinalysis and Urine Cytology  
 Other: \_\_\_\_\_

**Bacteriology/Mycology**

Specimen & Site: \_\_\_\_\_

Routine Culture & Susceptibility  
 Check for MIC  
 Fungal culture  
 Fecal culture  
 Mycoplasma culture  
 Urine culture  
 Other: \_\_\_\_\_

**Parasitology**

Routine Flotation  
 Modified Wisconsin  
 Mite Examination  
 Giardia & Cryptosporidium with Routine Flotation  
 Sedimentation  
 Heartworm Knott's Test  
 KOH Digestion  
 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  
 Herpesvirus (panherpesvirus - not species specific)  
 Mycoplasma haemofelis and M. haemominutum  
 Tritrichomonas foetus  
 Other: \_\_\_\_\_

**Serology**

Brucella canis  
 FELV/FIV Combo ELISA  
 Feline Infectious Peritonitis  
 Tick Transmitted Disease Panel

**Referred Out Tests**

Other: \_\_\_\_\_

**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: \_\_\_\_\_

**Virology**

Canine Parvovirus SNAP  
 Virus Isolation  
 Feline Calicivirus  
 Canine Parvovirus  
 Other: \_\_\_\_\_

**Cytology**

Fluid    Smear  
 Sites: #1 \_\_\_\_\_  
       #2 \_\_\_\_\_  
       #3 \_\_\_\_\_  
       #4 \_\_\_\_\_

**Necropsy, Surgical and Dermatohistopathology (Derm)**

Surgical / Derm complete Page 2  
 Necropsy complete Page 3



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

<b>Clinic:</b> _____	<b>Owner Name:</b> _____
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**Surgical Biopsy** On diagram below shade areas and mark "X" as biopsy sites

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

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

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 \_\_\_\_\_

