



Prairie Diagnostic Services Inc.  
www.pdsinc.ca

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Saskatoon, SK, S7N 5B4  
TEL: (306) 966-7316  
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PDS Lab # \_\_\_\_\_

Date/Time (RECEIVED) \_\_\_\_\_

Clinic # \_\_\_\_\_

**PDS** \* Required Fields

**CAPRINE / OVINE 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> _____ For Multiple Animals include a Multi Animal Form <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:** \_\_\_\_\_

Samples	Samples Sent*	Received office use only
On Cells		
Serum		
EDTA		
Heparin		
Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other _____		

**Invoice to (if applicable)** \_\_\_\_\_ **Purchase Order Number:** \_\_\_\_\_  
**Incident Identifier:** \_\_\_\_\_  
**HISTORY:** (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis) \_\_\_\_\_

Herd size: \_\_\_\_\_ #Sick: \_\_\_\_\_ #Dead: \_\_\_\_\_

Previous PDS Case Number: \_\_\_\_\_ Submitters Signature: \_\_\_\_\_

**Chemistry Panels**  
 Standard     Kidney  
 Presurgical     Liver  
 Single Chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Hematology**  
 CBC  
 Other: \_\_\_\_\_

**Urine**  
 Collection Method: \_\_\_\_\_  
 Urinalysis     Culture

**Cytology**  
 Fluid     Smear  
 Site: \_\_\_\_\_

**Endocrine**  
 BioPRYN  
 Other: \_\_\_\_\_

**Bacteriology/Mycology**  
 Specimen & Site: \_\_\_\_\_  
 Routine Culture & Susceptibility  
 Mastitis Culture  
 Fungal Culture  
 Fecal Culture  
 Anthrax Culture  
 Salmonella Screening  
 Clostridium Fluorescent Antibody Test  
 Other: \_\_\_\_\_

**Parasitology**  
 Routine Flotation  
 Modified Wisconsin  
 Mite Examination  
 Giardia & Cryptosporidium with Routine Flotation  
 Other: \_\_\_\_\_

**Immunology**  
 IHC - Stain: \_\_\_\_\_  
 Scrapie  
 Other: \_\_\_\_\_

**PCR**  
 Campylobacter sp.  
 Coxiella burnetti  
 Chlamydia abortus  
 Clostridium perfringens  
 Mycobacterium avium ssp. paratuberculosis (Johne's)  
 Pooled  
 Mycoplasma sp.  
 Other: \_\_\_\_\_

**Serology**  
 Johne's (Mycobacterium paratuberculosis)  
 CAE ELISA  
 OPP ELISA

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

**Necropsy, Surgical and Histology**  
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Owner: \_\_\_\_\_

Date/Time (RECEIVED): \_\_\_\_\_

Clinic: \_\_\_\_\_

PDS Lab #: \_\_\_\_\_

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

Fixed tissues submitted: \_\_\_\_\_

Fresh tissues submitted: \_\_\_\_\_

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: \_\_\_\_\_