



Prairie Diagnostic Services Inc.  
www.pdsinc.ca

52 Campus Drive  
Saskatoon, SK, S7N 5B4  
TEL: (306) 966-7316  
FAX: (306) 966-2488

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

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

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

**PDS** \* Required Fields

### PORCINE 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> _____
--	--

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

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

**Bacteriology/Mycology**  
 Specimen & Site: \_\_\_\_\_

Culture & Susceptibility (General)  
 Check for MIC

Culture & Susceptibility (Respiratory)  
 Check for MIC

Fecal Culture  
 Salmonella Screening  
 Clostridium difficile culture  
 Clostridium Fluorescent Antibody Test  
 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  
(Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)  
 Additional testing – see Dr. Hill's lab below.

Suckling and Early Nursery  
(Culture & Susceptibility, PCR: E. coli Enteric Virotyping; Coronavirus Panel, Porcine Rotavirus A, B, C)

Neonatal:  
(Culture & Susceptibility; 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 hamptonii 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, PpCoV)  
 Brachyspira hyodysenteriae / pilosicoli  
 Brachyspira hyodysenteriae  
 Lawsonia intracellularis  
 PRRS  
 Swine Influenza  
 Mycoplasma species  
 Mycoplasma hyopneumoniae  
 Mycoplasma hyorhinis  
 Mycoplasma hyosynoviae  
 Glaeserella parasuis  
(Haemophilus parasuis)  
 Other: \_\_\_\_\_

**Serology**  
 Mycoplasma hyopneumoniae ELISA  
 IDEXX  
 HIPRA  as follow up to pos.  
 PRRSELISA  
 IFA  as follow up to pos.  
 TGE/PRCV Differentiation ELISA  
 Swine Influenza A virus ELISA  
 Multi-APP (Actinobacillus pleuropneumoniae)  
(Referred Out)  
 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: \_\_\_\_\_

**Mycotoxin – complete Mycotoxin & Ergot Submission Form**

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

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

**Necropsy, Surgical and Histology**  
 complete Page 2

**Referred Out Tests**  
 Other: \_\_\_\_\_

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: \_\_\_\_\_