Prairie Diagnostic Services Inc.
52 Campus Drive Saskatoon, SK, S7N 5B4
TEL: (306) 966-7316 FAX: (306) 966-2488
Website: www.pdsinc.ca Email: pds.info@usask.ca

PDS Lab #_____

Clinic # _____

AVIAN SUBMISSION FORM * Required Fields

Important. Please read. *By submitting this Form, the Submitter acknowledges and agrees: 1) Samples submitted and any information or intellectual property arising belongs to PDS unless otherwise arranged in writing prior to submission. 2) In the event of a suspected reportable, notifiable or foreign animal disease, PDS must comply with relevant laws by notifying the appropriate agencies. Samples and/or contact information will be disclosed only in accordance with applicable law/legal obligations. 3) Anonymized test results may be shared for purposes of animal and public health surveillance. Diagnostic services, submission guidelines, and privacy policy at PDS are available at https://pdsinc.ca/.*

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 or Excel ID list. Email to dso@usask.ca.
Age*: _____ **Age Unit*:** _____ **Sex*:** _____

☐ **STAT (fees apply)** ☐ **Rabies Suspect** ☐ **RG3 Suspect** ☐ **Insurance Case** ☐ **Legal 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
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: _____

Swab / Tissue sites: _____

Chemistry Panels
☐ Avian Standard Panel
☐ Avian Mini Panel
☐ Avian Mini Plus Panel
☐ Single Chemistry: _____
☐ Other: _____

Hematology
☐ CBC
☐ Blood smear Examination
☐ PCV/TP/Blood Smear Examination
☐ Other: _____

Cytology
☐ Fluid ☐ Smear
Site: _____

Referred out Test
☐ Other: _____

Contact PDS for paperwork required for tests referred to USA labs.

Bacteriology/Mycology
Specimen Site: _____
☐ Routine Culture & Susceptibility
☐ Check for MIC
☐ Fungal Culture
☐ Salmonella Culture
Sample: ☐ Fluff ☐ Dust ☐ Sponge
Location: ☐ Belt ☐ Cages ☐ Fans ☐ Floor ☐ Other
☐ Other: _____

Parasitology
☐ Routine Flotation
☐ Modified Wisconsin
☐ Mite and Arthropod Examination (KOH)
☐ Other: _____

PCR
☐ Avian adenovirus
☐ Avian adenovirus Genotyping by Sequencing
☐ Avian Influenza (CFIA Accredited test)
☐ Avian paramyxovirus (CFIA Accredited test)
☐ Avian Reovirus
☐ Avian Reovirus Genotyping by Sequencing
☐ Chlamydophila psittaci
☐ ILT (Gallid herpesvirus 1)
☐ Infectious bronchitis Virus
☐ Infectious bronchitis Virus Mass
☐ Infectious bronchitis Virus Conn
☐ Infectious Bursal Disease Virus
☐ Infectious Bursal Disease Virus (IBDV) Genotyping by Sequencing
☐ Mycobacterium species
☐ Mycoplasma gallisepticum and Mycoplasma synoviae
☐ Mycoplasma species
☐ West Nile Virus (tissue)

Toxicology
☐ Mineral Panel: ☐ #1 ☐ #2 ☐ #3 ☐ #4
☐ Single Mineral: _____
Vitamin A only ☐ Serum ☐ Liver
Vitamin E only ☐ Serum ☐ Liver
Vitamin A & E ☐ Serum ☐ Liver
☐ Vitamin D (serum only)
☐ Cholinesterase (brain / blood)
☐ Methemoglobin
☐ Nitrite (serum / ocular fluid)
☐ Strychnine
☐ Blue Green Algae (water)
☐ Other: _____

Mycotoxin/Ergot/Nitrate – complete the Mycotoxin Ergot Nitrate Submission Form

NIR Feed & Forage Testing – complete the NIR Feed & Forages Submission Form

Immunology
☐ IHC - Stain: _____
☐ Other: _____

Necropsy, Surgical and Histology
☐ complete Page 2

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NECROPSY SUBMISSION

(Please fill out page 1 and submit along with this form.)

Clinic/Submitter:	**Owner/Farm Name:**

Copy of results to: _____

Number of birds submitted: a) Dead: _____ b) Live: _____ c) Portions: _____

Source (Hatchery): _____

Flock size: _____ Other Poultry on farm: _____ yes _____ no

If yes, type and source: _____

Feed supply: _____ Water source: _____

Vaccinations: _____ Medication: _____

Signs of disease:

Other Comments: