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

PDS Lab # _____

Clinic # _____

BOVINE and SMALL RUMINANT FETUS and NON-VIABLE NEONATE SUBMISSION FORM *

Required Fields

Important. Please read. *By submitting this Form, the Submitter acknowledges and agrees: 1) Diagnostic samples will not be returned once submitted. 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 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*: (Dam)_____ **(Fetus)** _____ **Fetus Sex:**_____
For Multiple Animals include a Multi Animal Form
Fetus Age: Gestational (months)*: _____
Neonate age (hours)*: _____

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

Invoice to: _____ if applicable)
Purchase Order Number: _____
Incident Identifier: _____

Commodity: _____
Prod. Stage: _____
REASON FOR SUBMISSION
Reason #1: _____
Reason #2: _____
PRIMARY SYSTEMS AFFECTED
System #1: _____
System #2: _____
System #3: _____

Lab test(s) requested:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Sample Type	Samples Sent*	Received Office Use Only
Fluid		
Fixed Tissue		
Fresh Tissue		
Whole Fetus		
Placenta		
Other _____		

Circle all tissue type(s) submitted and indicate the number of each sent:

Fixed Tissues: ___ Placenta___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Fresh Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Disease/condition of concern? _____

Previous PDS Case Number: _____ Submitters Signature: _____

Detailed History Information:

# of Breeding Females: _____ # Aborted: _____ # Nonviable when born: _____

When did losses start: _____

Any issues with pregnancy rate/ long calving seasons: _____

Vaccination Program: ☐ None ☐ Current: _____

Recent animal additions? _____ When: _____

Rations: _____

Feed: _____

Water: _____

Supplements: _____

Housing: _____

Age of Dam: _____ Age of Fetus: _____ Breeding: ☐ A.I. ☐ Natural Body Condition of Dam: _____

Signs of illness in Dam: _____

Signs of illness in Neonate: _____ Dystocia? _____ Weather risk? _____

Age in general of dams aborting/having nonviable neonates: _____ Overall Bred Cow condition: _____

Any other relevant background? _____

Use Page 2 for Additional History / Comments

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Field Necropsy Worksheet

Clinic:	Owner / Farm Name:

Crown Rump Length: _____ **Body Weight:** _____

Hair Coat Color; Unique Markings: _____

Hair Coat: ☐ Complete (with guard hairs) ☐ Fine short hair ☐ Ears ☐ Other
☐ Distal Limbs ☐ Tail ☐ Muzzle

Teeth Eruption: ☐ Absent ☐ First Incisors ☐ Second Incisors ☐ Third Incisors

Gestational Age: _____ Days, Weeks Months **OR →** ☐ Full-Term ☐ Neonate
(Estimate) (Circle One)

State of Carcass: ☐ Fresh ☐ Moderate Autolysis ☐ Severe Autolysis ☐ Mummified ☐ Previously Frozen

Scavenger Damage: ☐ Yes ☐ No

Developmental / Congenital Anomalies: ☐ Yes ☐ No

Air in Lungs: ☐ Yes ☐ No

Location of Excess Fluid: ☐ **Subcutaneous** ☐ **Thorax** ☐ **Abdomen**

Color: _____ Consistency: _____

Abomasal Fluid / Stomach Content: Meconium Present: ☐ Yes ☐ No Milk Present: ☐ Yes ☐ No

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Placenta and/or Umbilicus: ☐ Not submitted ☐ Normal ☐ Placentitis ☐ Other

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Bones: ***(Bovine only)*** ☐ Medullary Bone Retention ☐ Growth Arrest Lines ☐ No Visible Lesions

Joints: ☐ Increased Synovial Fluid ☐ Fibrin ☐ Blood ☐ No Visible Lesions

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Additional History / Comments: