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 # _____

COMPANION and EXOTIC 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 (if applicable): _____
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 only
On Cells		
Serum		
EDTA		
Heparin		
Blood Smear		
Cytology Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other_____		

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

HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)

Animal receiving Chemotherapy: ☐ Yes ☐ No Are drugs cytotoxic to humans: ☐ Yes ☐ No

Herd size: _____ #Sick: _____ #Dead: _____

Previous PDS Case Number: _____ Submitters Signature:

Swab / Tissue Sites: _____

Chemistry
Panels
☐ Standard ☐ Kidney
☐ Presurgical ☐ Liver
☐ Mini (exotics only) ☐ Pancreas
Avian/Reptile/Amphibians
☐ Standard ☐ Mini ☐ Mini+
☐ Bile Acid ☐ Fasted ☐ Post-prandial
☐ Fructosamine: (canine / feline only)
☐ Single chemistry: _____
☐ Other: _____

Hematology
☐ CBC
☐ Other: _____

Coagulation
☐ PT ☐ PTT

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 or4 hr post ☐ 8 hr post
☐ Cortisol (single): ☐ Resting ☐ Post
☐ Phenobarbital ☐ Progesterone
Endocrine referred out
☐ T3 ☐ KBr
☐ KBr/Phenobarbital combo
☐ Testosterone ☐ Estradiol
☐ Other: _____

Urine
Collection Method: _____
☐ Free Flow ☐ Cystocentesis
☐ Catheterized ☐ Unknown
☐ Off Table
☐ Urinalysis ☐ Culture
☐ Urinalysis and Urine Cytology
☐ Protein/Creatinine Ratio
☐ Cortisol/Creatinine Ratio
☐ Other: _____

Bacteriology/Mycology
Specimen & Site: _____
_____
☐ Routine Culture & Susceptibility
☐ Check for MIC
☐ Fungal culture
☐ Urine culture
☐ Other: _____

Parasitology
☐ Routine Flotation
☐ Modified Wisconsin
☐ Baermann (Larvae Sedimentation)
☐ Cryptosporidium/Giardia FA and Routine Float
☐ Fecal Egg Sedimentation
☐ Modified Knott's - Heartworm
☐ Mite and Arthropod Examination (KOH)
☐ 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
☐ Feline Calicivirus/Herpesvirus
☐ Herpesvirus (panherpesvirus – not species specific)
☐ Mycobacterium species
☐ Mycoplasma haemofelis and M. Haemominutum
☐ Mycoplasma species
☐ Tritrichomonasfoetus

PCR Referred to Dr. Jenkins' Lab
☐ Echinococcus spp. / Taenia spp.
☐ Sequencing Echinococcus spp. / Taenia spp.

Serology
☐ Brucella canis
☐ FELV/FIV SNAP Combo ELISA
☐ Feline Infectious Peritonitis
☐ Tick Transmitted Disease Panel SNAP 4Dx Plus Test

☐ **ReferredOutTests**
***include agent for shipment form for testing referred to USA.**
_____

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

Cytology
☐ Fluid ☐ Smear
Sites: #1 _____
#2 _____
#3 _____
#4 _____
#5 _____

Necropsy, Surgical and Dermatohistopathology (Derm)
☐ Surgical / Derm complete Page 2
☐ Necropsy complete Page 3

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

Clinic:	**Owner Name:**

Surgical Biopsy

On diagram below shade areas and mark "X" as

Samples submitted:

# of formalized tissue biopsies ____ Description: _____

# of fresh tissues biopsies _____ Description: _____

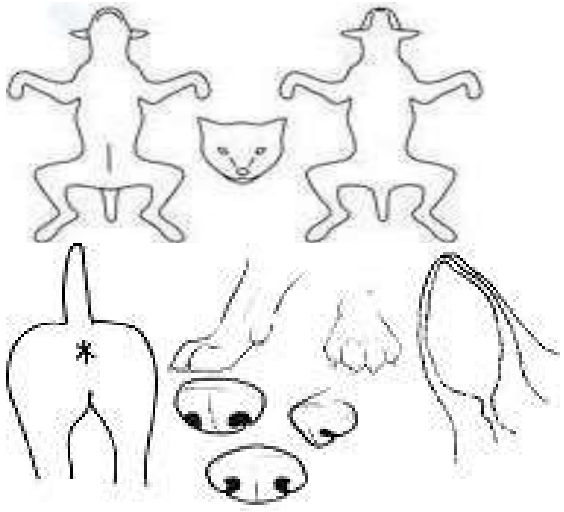
# of cytology specimens _____ List sites: 1) _____
2) _____
3) _____
4) _____

Dermatopathology Submissions

On diagram below shade areas and mark "X" as biopsy sites

Circle lesion type

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



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

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NECROPSY SUBMISSION

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

Clinic:	**Owner Name:**

Signs of sickness/disease:

How is animal housed: _____

Date of death: _____ Euthanasia: _____ Method/route: _____

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

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

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

Lab Test(s) Requested: 1) _____ 2) _____ 3) _____ 4) _____

Gross Necropsy Notes: