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 # _____

EQUINE 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: _____

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

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

Samples	Samples Sent*	Received office use
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: _____
Swab / Tissue Sites: _____

Chemistry Panels
☐ Standard ☐ Kidney
☐ Presurgical ☐ Liver
☐ Single Chemistry: _____
☐ Bile Acid
☐ Other: _____

Hematology
☐ CBC

Coagulation
☐ PT ☐ PTT

Urine
Collection Method: _____
☐ Free Flow ☐ Cystocentesis
☐ Catheterized ☐ Unknown
☐ Urinalysis ☐ Culture
☐ Other: _____

Endocrine
☐ Progesterone
☐ T4 ☐ Cortisol
☐ Dexamethasone Suppression Test ☐ Pre ☐ Post
☐ Insulin ☐ Insulin/Glucose Ratio
☐ Insulin Serial Testing
☐ Resting ☐ Post ☐ Post
☐ ACTH, Endogenous
☐ Equine Metabolic Panel (Insulin & ACTH, Endogenous)
☐ Equine PPID (Cushing's Profile) (Insulin, Glucose & ACTH, Endogenous)
☐ Thyrotropin Releasing Hormone (TRH) Stim Test ☐ Pre ☐ Post

Bacteriology/Mycology
Specimen & Site: _____
_____
☐ Routine Culture & Susceptibility
☐ Check for MIC
☐ Salmonella sp.
☐ Fungal Culture
☐ Other: _____

Parasitology
☐ Routine Flotation
☐ Modified Wisconsin
☐ Mite and Arthropod Examination (KOH)
☐ Cryptosporidium/Giardia FA and Routine Float
☐ Other: _____

Referred out Test
☐ Equine Protozoal Myelitis (EPM) - Western Blot, IDEXX
☐ HYPP (Hyperkalemic Periodic Paralysis)
☐ Potomac Fever PCR, neorickettsia risticii
☐ Strep.equi (Strangles) – Antibody
☐ Testosterone
☐ PMSG
☐ Other: _____
_____
Contact PDS for paperwork required for tests referred to USA labs.

PCR
☐ Equine Respiratory Panel
☐ Equine Herpesvirus 1 & 4
☐ EHV1 Genotyping
☐ Influenza A
☐ Lawsonia intracellularis
☐ Mycobacterium species
☐ Mycoplasma species
☐ Streptococcus equi ssp. equi
☐ West Nile Virus

Serology
☐ Equine Infectious Anemia (EIA) ELISA - **Must be submitted on CFIA forms using GVL**
☐ Equine Arteritis Virus (EVA) VN Screening - 2 Dilutions
☐ Tick Transmitted Disease Panel SNAP 4DX Plus Test (B. burgdorferi and A. phagocytophilum only)
☐ West Nile Virus IgM ELISA (Not suitable for horses vaccinated against West Nile Virus)

Immunology
☐ IHC - Stain: _____
☐ Other: _____

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

Referred Out Toxicology
☐ Vitamin D – referred to Michigan

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 _____

Necropsy, Surgical and Histology
☐ complete Page 2

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

PDS Lab #: _____

Clinic # _____

Clinic	Owner

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: _____

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) _____

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: _____