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

PDS Lab#: _____

Clinic #: _____

PRAIRIE OCULAR PATHOLOGY SERVICE (POPS) SUBMISSION FORM * Required Fields

*Use for **Prairie Ocular Pathology Service** only (not routine eye surgical cases). Refer to PDS website for more information - Prairie Ocular Pathology Service (POPS) – PDS Inc.*

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* _____
Age*: _____ Age Unit*: _____ Sex*: _____

☐ **Globe** ☐ **Biopsy/Eviscerations** **Date Collected*:** _____

Samples	**Samples Sent***	**Received** office use only
Eye		
Biopsy		

Is a referral ophthalmologist involved with the case:
☐ No
☐ Yes Ophthalmologist to copy results to: _____
Name: _____ Email address: _____

Tissue Type: ☐ Evisceration ☐ Enucleation ☐ Exenteration ☐ Eyelid ☐ Conjunctival Biopsy ☐ Orbital Biopsy

Eye: ☐ OD ☐ OS

HISTORY: (include vaccination history, treatments, etc.)