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 # _____

PORCINE 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*: _____
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		
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
☐ Standard ☐ Kidney
☐ Presurgical ☐ Liver
☐ Single Chemistry: _____
☐ Other: _____

Hematology
☐ CBC
☐ Other: _____

Bacteriology/Mycology
Specimen & Site: _____
_____
☐ Culture & Susceptibility (General)
☐ Check for MIC
☐ Culture & Susceptibility (Respiratory)
☐ Check for MIC
☐ Salmonella Screening
☐ Clostridium difficile culture
☐ Clostridium Fluorescent Antibody Test (C. chauvei, C.novyi, C. septicum, C. sordelli)
☐ Other: _____

Parasitology
☐ Routine Flotation
☐ Modified Wisconsin
☐ Other: _____

Immunology
☐ IHC - Stain: _____
☐ Immunoglobulin Quantification
☐ Other: _____

Multi-Lab Panel
Porcine Diarrhea Panel:
(select one test option)
☐ Late Nursery, Finishing or Adult
(Culture & Susceptibility, Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)
Additional testing – see Dysentery /Brachyspira Panel below.
☐ Late Suckling and Early Nursery
(Culture & Susceptibility, Salmonella screening, PCR: E. coli Enteric Virotyping; Coronavirus Panel, Porcine Rotavirus A, B, C)
☐ Neonatal:
(Culture & Susceptibility: Salmonella screening, Clostridium difficile, Clostridium perfringens; PCR: E. coli Enteric Virotyping, Coronavirus Panel, Rotavirus A, B, C)

Dysentery/Brachyspira Panel:
(all testing now available at PDS)
☐ Brachyspira hyodysenteriae/pilosicoli PCR
☐ Brachyspira hyodysenteriae PCR
☐ Brachyspira hampsonii PCR
☐ Brachyspira hampsonii clade I/II typing PCR
☐ Brachyspira spp (nox) PCR (including speciation)
☐ Brachyspira Culture
☐ Speciation (nox and sequencing)
☐ Antmic Resist Test (by PCR)

PCR
☐ Atypical Porcine Pestivirus
☐ Brachyspira hyodysenteriae / pilosicoli
☐ Brachyspira hyodysenteriae
☐ E. coli Enteric Virotyping
☐ Erysipelothrix rhusiopathiae
☐ Glaesserella parasuis (Haemophilus parasuis)
☐ Influenza A
☐ Influenza A HA and NA Sequencing
☐ Lawsonia intracellularis
☐ Listeria monocytogenes
☐ Mycobacterium species
☐ Mycoplasma hyopneumoniae
☐ Mycoplasma hyorhinis
☐ Mycoplasma hyosynoviae
☐ Mycoplasma species
☐ Porcine Astrovirus Type 3
☐ Porcine Astrovirus Type 4
☐ Porcine Circovirus-2
☐ Porcine Circovirus-3
☐ Porcine circovirus 3 - ORF2 Sequencing
☐ Porcine Corona Panel (PEDV, TGEV, PdCoV)
☐ Porcine parainfluenza virus 1
☐ Porcine Parvovirus
☐ Porcine Sapelovirus
☐ Porcine Sapovirus
☐ Porcine Teschovirus
☐ PRRS
☐ Rotavirus A, B and C
☐ Senecavirus A
☐ Yersinia enterocolitica

Referred Out Tests
☐ Other: _____
Contact PDS for paperwork required for tests referred to USA labs.

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

Serology
Mycoplasma hyopneumoniae ELISA
☐ IDEXX
☐ Biocheck ☐ as follow up to pos.
☐ PRRS ELISA
☐ IFA ☐ as follow up to pos.
☐ Swine Influenza A virus ELISA
☐ TGE/PRCV Differentiation ELISA
☐ Multi-APP (Actinobacillus pleuropneumonia) (Referred Out)

Cytology
☐ Fluid ☐ Smear
Site: _____

Necropsy, Surgical and Histology
☐ complete Page 2

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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: _____