



Prairie Diagnostic Services Inc.
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PDS Lab # _____

BioPRYN SUBMISSION FORM

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/>.

Submitter (Client) name: _____		Owner: ☐ check if same as submitter	
Address: _____		Paid by: ☐ Cheque ☐ Credit Card ☐ Other _____	
Postal Code: _____		Credit card Information ☐ Visa ☐ MasterCard ☐ American Express	
Phone: _____ Fax: _____		# _____ EXP: ____/____/____	
Veterinarian: _____		Email (Owner): _____	
Email (Veterinarian): _____			

Date Collected: _____

BioPRYN			Invoice to _____	Purchase Order Number: _____
*Species: _____			(if applicable)	Incident Identifier: _____
HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)				
Samples	Samples Sent*	Received office use only		
On Cells				
Serum				

*BioPRYN testing is available for bovine, caprine, and ovine.

Number	Animal ID	Number	Animal ID	Number	Animal ID
1		31		61	
2		32		62	
3		33		63	
4		34		64	
5		35		65	
6		36		66	
7		37		67	
8		38		68	
9		39		69	
10		40		70	
11		41		71	
12		42		72	
13		43		73	
14		44		74	
15		45		75	
16		46		76	
17		47		77	
18		48		78	
19		49		79	
20		50		80	
21		51		81	
22		52		82	
23		53		83	
24		54		84	
25		55		85	
26		56		86	
27		57		87	
28		58		88	
29		59		89	
30		60		90	