



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

PDS Lab # \_\_\_\_\_  
 Date/Time (received) \_\_\_\_\_  
 Clinic # \_\_\_\_\_

**AVIAN SUBMISSION FORM** \* Required Fields

<b>Clinic*:</b> _____ <b>Address:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Veterinarian*:</b> _____ <b>Email:</b> _____ <b>Copy to: Name</b> _____ <b>Copy to: Email</b> _____	<b>Owner/Farm Name*:</b> _____ <b>Location/Premise ID*:</b> _____ <b>Barn ID:</b> _____ <b>Species*:</b> _____ <b>Breed*:</b> _____ <b>Animal ID*:</b> _____ <small>For Multiple Animals include a Multi Animal Form</small> <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
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**STAT (fees apply)**  
  **Rabies Suspect**  
  **Legal Case**  
  **Insurance Case**  
 **Date Collected\*:** \_\_\_\_\_

Commodity: \_\_\_\_\_  
 Prod. Stage: \_\_\_\_\_  
**REASON FOR SUBMISSION**  
 Reason#1: \_\_\_\_\_  
 Reason#2: \_\_\_\_\_  
**PRIMARY SYSTEMS AFFECTED**  
 System#1: \_\_\_\_\_  
 System#2: \_\_\_\_\_  
 System#3: \_\_\_\_\_

**Invoice to** \_\_\_\_\_ **Purchase Order Number:** \_\_\_\_\_  
 (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		
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**  
 Avian Standard Panel  
 Avian Mini Panel  
 Avian Mini Plus Panel  
 Single Chemistry: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Hematology**  
 CBC  
 Blood smear Examination  
 PCV/TP/Blood Smear Examination  
 Other: \_\_\_\_\_

**Cytology**  
 Fluid     Smear  
 Site: \_\_\_\_\_

**Bacteriology/Mycology**  
 Specimen Site: \_\_\_\_\_  
 Routine Culture & Susceptibility  
      Check for MIC  
 Fungal Culture  
 Salmonella Culture  
 Sample:  Fluff    Dust  
            Sponge  
 Location:  Belt    Cages  
              Fans    Floor  
              Other  
 Other: \_\_\_\_\_

**Parasitology**  
 Routine Flotation  
 Modified Wisconsin  
 Mite and Arthropod Examination (KOH)  
 Other: \_\_\_\_\_

**PCR**  
 Avian Influenza (CFIA Accredited test)  
 Avian paramyxovirus (CFIA Accredited test)  
 Chlamydomydia psittaci  
 Mycobacterium sp.  
 Mycoplasma gallisepticum and Mycoplasma synoviae  
 Mycoplasma sp.  
 ILT (Gallid herpesvirus 1)  
 West Nile Virus (tissue)

**Immunology**  
 IHC - Stain: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Referred out Test**  
 Other: \_\_\_\_\_

**Toxicology**  
 Mineral Panel:  
 #1    #2    #3    #4  
 Single Mineral: \_\_\_\_\_  
 Vitamin A    Blood    Liver  
 Vitamin E    Blood    Liver  
 Vitamin A & E  
 Vitamin D (blood only)  
 Cholinesterase (brain / blood)  
 Methemoglobin  
 Nitrite (serum / ocular fluid)  
 Other: \_\_\_\_\_

**Virology**  
 Other: \_\_\_\_\_

**Necropsy, Surgical and Histology**  
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Clinic # \_\_\_\_\_

### NECROPSY SUBMISSION

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

<b>Clinic/Submitter:</b> _____	<b>Owner/Farm Name:</b> _____
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Copy of results to: \_\_\_\_\_

Number of birds submitted: a) Dead \_\_\_\_\_ b) Live \_\_\_\_\_ c) Portions: \_\_\_\_\_

Source (Hatchery): \_\_\_\_\_

Flock size: \_\_\_\_\_ Other Poultry on farm: \_\_\_yes \_\_\_no

If yes, type and source: \_\_\_\_\_

Feed supplier: \_\_\_\_\_ Water source: \_\_\_\_\_

Vaccinations: \_\_\_\_\_ Medication: \_\_\_\_\_

Signs of disease: \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_