



Prairie Diagnostic Services Inc.
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 TEL: (306) 966-7316 FAX: (306) 966-2488
 Website: pdsinc.ca Email: pds.info@usask.ca

PDS Lab # _____
 Date/Time (received) _____
 Clinic # _____

BOVINE SUBMISSION FORM * Required Fields

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*: _____ <small>For Multiple Animals include a Multi Animal Form</small> Age*: _____ Age Unit*: _____ Sex*: _____
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STAT (fees apply)
 Rabies
 RG3 Suspect (e.g. Anthrax)
 Legal / 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		
Milk		
Other		

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: _____
Urine
 Collection Method: _____
 Urinalysis Culture
Endocrine
 BioPRYN
Multi-Lab Panel
 Bovine Diarrhea Panel
 E. coli enteric virotyping
 up to 1 week old
 over 1 week old
 Bovine Respiratory Panel
 7 PCR Targets + C&S
 (IBR, BRSV, PI3, BCV, M.bovis, BVD, Influenza D, C&S)
 7 PCR Targets
 (IBR, BRSV, PI3, BCV, M.bovis, BVD, Influenza D)
 6 PCR Targets
 (IBR, BRSV, PI3, BCV, M.bovis, Influenza D)
 Antibody (BRSV, PI3, IBR, BCV)

Bacteriology/Mycology
 Specimen & Site: _____
 Routine Culture & Susceptibility
 Check for MIC
 Fungal Culture
 Anthrax – see PCR
 Salmonella Screening
 Clostridium Fluorescent Antibody Test
 Other: _____
Parasitology
 Routine Flotation
 Modified Wisconsin
 Mite and Anthropod Examination
 Cryposporidium/Giardia FA and Routine Float
 Other: _____
Immunology
BVD skin biopsy (Discontinued see PCR)
 IHC - Stain: _____
 Immunoglobulin Quantification
 Other: _____

PCR
 Anthrax
 BVD BVD Pooled
 E. coli enteric virotyping
 Bovine Parainfluenza 3
 Bovine Respiratory Syncytial Virus
 Bovine Coronavirus
 Bovine Rotavirus
 Bovine Coronavirus and Rotavirus
 Infectious Bovine Rhinotracheitis (Bovine Herpesvirus 1)
 Chlamydia abortus
 Coxiella burnetti
 Malignant Catarrhal Fever (OHV-2)
 Mycobacterium paratuberculosis (Johne's) Pooled
 Mycoplasma bovis
 Campylobacter fetus ssp venerealis
 Campylobacter fetus ssp. venerealis/Trichomonas foetus
 Tritrichomonas foetus Pooled
Serology
 Brucella (BPAT) - **Must be accompanied by CFIA forms**
 BVD-1 BVD-2 BRSV
 IBR PI3 John's
 Coronavirus
 Neospora Leukosis
 Salmonella Dublin Anaplasma

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: _____
Mycotoxin / Ergot – complete the Mycotoxin Ergot Submission Form
Cytology
 Fluid Smear
 Site: _____
Necropsy, Surgical and Histology
 complete Page 2
Referred Out Tests
 Other: _____



Clinic: _____	Owner: _____
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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: _____