



Prairie Diagnostic Services Inc.  
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 Website: pdsinc.ca Email: pds.info@usask.ca

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

**PORCINE 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> _____ For Multiple Animals include a Multi Animal Form <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
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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		
Urine		
Other		

**Herd size:** \_\_\_\_\_ **#Sick:** \_\_\_\_\_ **#Dead:** \_\_\_\_\_  
**Previous PDS Case Number:** \_\_\_\_\_ **Submitters Signature:** \_\_\_\_\_  
**Swab / Tissue Sites:** \_\_\_\_\_

**Chemistry Panels**  
 Standard  
 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. chauveii, 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 to Adult**  
(Culture & Susceptibility, Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)  
 Additional testing – see Dr. Hill's lab 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:**  
**PDS**  
 Brachyspira hyodysenteriae / pilosicoli PCR  
 Brachyspira hyodysenteriae PCR  
**Dr. Hill's Lab**  
 Brachyspira hamptonii g1/2 PCRs  
 Brachyspira spp (nox) PCR (including speciation)  
 Brachyspira Culture  
 Speciation (nox and sequencing)  
 Antimic Resist Test (by PCR)

**PCR**  
 E. coli Enteric Virotyping  
 Porcine Circovirus-2  
 Porcine Circovirus-3  
 Porcine Parvovirus  
 Rotavirus A, B and C  
 Porcine Corona Panel (PEDV, TGEV, Pdcov)  
 Brachyspira hyodysenteriae / pilosicoli  
 Brachyspira hyodysenteriae  
 Lawsonia intracellularis  
 PRRS  
 Swine Influenza  
 Mycoplasma species  
 Mycoplasma hyopneumoniae  
 Mycoplasma hyorhinis  
 Mycoplasma hyosynoviae  
 Glaesserella parasuis (Haemophilus parasuis)  
**Serology**  
 Mycoplasma hyopneumoniae ELISA  
 IDEXX  
 Biocheck  as follow up to pos.  
 PRRSELISA  
 IFA  as follow up to pos.  
 TGE/PRCV Differentiation ELISA  
 Swine Influenza A virus ELISA  
 Multi-APP (Actinobacillus pleuropneumonia) (Referred Out)

**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**  
**Mycotoxin & Ergot Submission Form**  
**Cytology**  
 Fluid  Smear  
 Site: \_\_\_\_\_  
**Necropsy, Surgical and Histology**  
 complete Page 2  
**Referred Out Tests**  
 Other: \_\_\_\_\_



<b>Clinic:</b> _____	<b>Owner:</b> _____
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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: \_\_\_\_\_