



**BOVINE and SMALL RUMINANT FETUS and NON-VIABLE NEONATE 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> (Dam) _____ (Fetus) _____ <b>Fetus Sex:</b> _____ <small>For Multiple Animals include a Multi Animal Form</small> <b>Fetus Age: Gestational (months)*:</b> _____ <b>Neonate age (hours)*:</b> _____
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**STAT** (fees apply)  **Rabies Suspect**  **RG3** (e.g. Anthrax)  **Legal Case**  **Insurance Case** **Date Collected\*:** \_\_\_\_\_

**Invoice to:** \_\_\_\_\_ **Purchase Order Number:** \_\_\_\_\_  
 (if applicable) **Incident Identifier:** \_\_\_\_\_

	Lab test(s) requested:	Sample Type	Samples Sent*	Received <small>Office Use Only</small>
<b>Commodity:</b> _____	1. _____	Fluid		
<b>Prod. Stage:</b> _____	2. _____	Fixed Tissue		
<b>REASON FOR SUBMISSION</b>	3. _____	Fresh Tissue		
<b>Reason #1:</b> _____	4. _____	Whole Fetus		
<b>Reason #2:</b> _____	5. _____	Placenta		
<b>PRIMARY SYSTEMS AFFECTED</b>	6. _____	Other		
<b>System #1:</b> _____				
<b>System #2:</b> _____				
<b>System #3:</b> _____				

Disease/condition of concern? \_\_\_\_\_

Previous PDS Case Number: \_\_\_\_\_ Submitters Signature: \_\_\_\_\_

**Detailed History Information:**

# of Breeding Females: \_\_\_\_\_ # Aborted: \_\_\_\_\_ # Nonviable when born: \_\_\_\_\_  
 When did losses start: \_\_\_\_\_  
 Any issues with pregnancy rate/ long calving seasons: \_\_\_\_\_  
 Vaccination Program:  None  Current: \_\_\_\_\_  
 Recent animal additions? \_\_\_\_\_ When: \_\_\_\_\_  
 Rations: \_\_\_\_\_  
 Feed: \_\_\_\_\_  
 Water: \_\_\_\_\_  
 Supplements: \_\_\_\_\_  
 Housing: \_\_\_\_\_  
 Age of Dam: \_\_\_\_\_ Age of Fetus: \_\_\_\_\_ Breeding:  A.I.  Natural Body Condition of Dam: \_\_\_\_\_  
 Signs of illness in Dam: \_\_\_\_\_  
 Signs of illness in Neonate: \_\_\_\_\_ Dystocia? \_\_\_\_\_ Weather risk? \_\_\_\_\_  
 Age in general of dams aborting/having nonviable neonates: \_\_\_\_\_ Overall Bred Cow condition: \_\_\_\_\_  
 Any other relevant background? \_\_\_\_\_

**Use Page 2 for Additional History / Comments**



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Website: pdsinc.ca Email: Pds.info@usask.ca

PDS Lab # \_\_\_\_\_  
Date/Time (Received)

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Clinic:	Owner / Farm Name:
<p>Additional History / Comments:</p>	