



Prairie Diagnostic Services Inc.
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PDS Lab # _____
Date/Time (RECEIVED) _____
Clinic # _____

* Required Fields

BOVINE and SMALL RUMINANT FETUS and NON-VIABLE NEONATE SUBMISSION FORM

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* (Dam) _____ (Fetus) _____ Fetus Sex: _____ <small>For Multiple Animals include a Multi Animal Form or Excel ID list. Email to dso@usask.ca.</small> Fetus Age: Gestational (months)*: _____ Neonate age (hours)*: _____
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☐ **STAT (fees apply)** ☐ **Rabies Suspect** ☐ **RG3 Suspect** ☐ **Legal Case** ☐ **Insurance Case** **Date Collected*:** _____

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

Circle all tissue type(s) submitted and indicate the number of each sent:

Fixed Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

Fresh Tissues: ___ Placenta ___ Lung ___ Liver ___ Spleen ___ Kidney ___ LN ___ Ileum ___ Other _____

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



Field Necropsy Worksheet

Clinic: _____	Owner / Farm Name: _____
Crown Rump Length: _____ Body Weight: _____	
Hair Coat Color; Unique Markings: _____	
Hair Coat: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Complete (with guard hairs) <input type="checkbox"/> Distal Limbs</div><div><input type="checkbox"/> Fine short hair <input type="checkbox"/> Tail</div><div><input type="checkbox"/> Ears <input type="checkbox"/> Muzzle</div><div><input type="checkbox"/> Other</div></div>	
Teeth Eruption: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Absent</div><div><input type="checkbox"/> First Incisors</div><div><input type="checkbox"/> Second Incisors</div><div><input type="checkbox"/> Third Incisors</div></div>	
Gestational Age: _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months OR → <input type="checkbox"/> Full-Term <input type="checkbox"/> Neonate (Estimate) (Select One)	
State of Carcass: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Fresh</div><div><input type="checkbox"/> Moderate Autolysis</div><div><input type="checkbox"/> Severe Autolysis</div><div><input type="checkbox"/> Mummified</div><div><input type="checkbox"/> Previously Frozen</div></div>	
Scavenger Damage: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Developmental / Congenital Anomalies: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Air in Lungs: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Location of Excess Fluid: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Subcutaneous</div><div><input type="checkbox"/> Thorax</div><div><input type="checkbox"/> Abdomen</div></div> <p style="text-align: center;">Color: _____ Consistency: _____</p>	
Abomasal Fluid / Stomach Content: Meconium Present: <input type="checkbox"/> Yes <input type="checkbox"/> No Milk Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Placenta and/or Umbilicus: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Not submitted</div><div><input type="checkbox"/> Normal</div><div><input type="checkbox"/> Placentitis</div><div><input type="checkbox"/> Other</div></div>	
Bones: (Bovine only) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Medullary Bone Retention</div><div><input type="checkbox"/> Growth Arrest Lines</div><div><input type="checkbox"/> No Visible Lesions</div></div>	
Joints: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Increased Synovial Fluid</div><div><input type="checkbox"/> Fibrin</div><div><input type="checkbox"/> Blood</div><div><input type="checkbox"/> No Visible Lesions</div></div>	
Additional History / Comments: <div style="height: 150px; border: 1px solid black;"></div>	