



Prairie Diagnostic Services Inc.  
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PDS Lab # \_\_\_\_\_  
Date/Time (received) \_\_\_\_\_  
Clinic # \_\_\_\_\_

### BOVINE 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 or Excel ID list. Email to <a href="mailto:dso@usask.ca">dso@usask.ca</a>.</small> <b>Age*:</b> _____ <b>Age Unit*:</b> _____ <b>Sex*:</b> _____
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☐ **STAT (fees apply)** ☐ **Rabies Suspect** ☐ **RG3 Suspect (e.g. Anthrax)** ☐ **Legal/Insurance Case** **Date Collected\*:** \_\_\_\_\_

<b>Commodity:</b> _____ <b>Prod. Stage:</b> _____ <b>REASON FOR SUBMISSION</b> <b>Reason#1:</b> _____ <b>Reason#2:</b> _____ <b>PRIMARY SYSTEMS AFFECTED</b> <b>System#1:</b> _____ <b>System#2:</b> _____ <b>System#3:</b> _____	<b>Invoice to</b> _____ <b>(if applicable)</b> <b>HISTORY:</b> (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)          <b>Herd size:</b> _____ <b>#Sick:</b> _____ <b>#Dead:</b> _____ <b>Previous PDS Case Number:</b> _____ <b>Submitters Signature:</b> _____	<b>Purchase Order Number:</b> _____ <b>Incident Identifier:</b> _____          <b>Swab / Tissue Sites:</b> _____
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<b>Chemistry Panels</b> <input type="checkbox"/> Standard <input type="checkbox"/> Kidney <input type="checkbox"/> Presurgical <input type="checkbox"/> Liver <input type="checkbox"/> Single Chemistry: _____ <input type="checkbox"/> Other: _____ <b>Hematology</b> <input type="checkbox"/> CBC <b>Urine</b> Collection Method: _____ <input type="checkbox"/> Urinalysis <input type="checkbox"/> Culture <b>Endocrine</b> <input type="checkbox"/> BioPRYN <b>Multi-Lab Panel</b> <input type="checkbox"/> Bovine Diarrhea Panel E. coli enteric virotyping <input type="checkbox"/> up to 1 week old <input type="checkbox"/> over 1 week old <input type="checkbox"/> Clostridium perfringens toxin typing (extra charges apply) <b>Bovine Respiratory Panel</b> <input type="checkbox"/> 7 PCR Targets + C&S (IBR, BRSV, PI3, BCoV, M.bovis, BVD, Influenza D, C&S) <input type="checkbox"/> 7 PCR Targets (IBR, BRSV, PI3, BCoV, M.bovis, BVD, Influenza D) <input type="checkbox"/> 6 PCR Targets (IBR, BRSV, PI3, BCoV, M.bovis, Influenza D) <input type="checkbox"/> Antibody (BRSV, PI3, IBR, BCoV)	<b>Bacteriology/Mycology</b> Specimen & Site: _____  <input type="checkbox"/> Routine Culture & Susceptibility <input type="checkbox"/> Check for MIC <input type="checkbox"/> Fungal Culture <b>Anthrax – see PCR</b> <input type="checkbox"/> Salmonella Screening <input type="checkbox"/> Clostridium Fluorescent Antibody Test <input type="checkbox"/> Other: _____ <b>Parasitology</b> <input type="checkbox"/> Routine Flotation <input type="checkbox"/> Modified Wisconsin <input type="checkbox"/> Mite and Anthropod Examination <input type="checkbox"/> Cryptosporidium/Giardia FA and Routine Float <input type="checkbox"/> Other: _____ <b>Immunology</b> <b>BVD skin biopsy (Discontinued see PCR)</b> <input type="checkbox"/> IHC - Stain: _____ <input type="checkbox"/> Immunoglobulin Quantification <input type="checkbox"/> Other: _____ <b>Referred Out Tests</b> <input type="checkbox"/> Other: _____	<b>PCR</b> <input type="checkbox"/> Anthrax <input type="checkbox"/> BVD Individual <input type="checkbox"/> BVD Pooled <input type="checkbox"/> Bovine Parainfluenza 3 <input type="checkbox"/> Bovine Respiratory Syncytial Virus <input type="checkbox"/> Bovine Coronavirus <input type="checkbox"/> Bovine Rotavirus <input type="checkbox"/> Bovine Coronavirus and Rotavirus <input type="checkbox"/> Chlamydia abortus <input type="checkbox"/> Coxiella burnetti <input type="checkbox"/> E. coli enteric virotyping <input type="checkbox"/> Infectious Bovine Rhinotracheitis (Bovine Herpesvirus 1) <input type="checkbox"/> Influenza D <input type="checkbox"/> Malignant Catarrhal Fever (OHV-2) <input type="checkbox"/> Mycobacterium paratuberculosis (Johne's) <input type="checkbox"/> Individual <input type="checkbox"/> Pooled <input type="checkbox"/> Individual testing on Pool Positives (extra charges apply) <input type="checkbox"/> Mycobacterium species <input type="checkbox"/> Mycoplasma bovis <input type="checkbox"/> Mycoplasma species <input type="checkbox"/> Campylobacter fetus ssp venerealis <input type="checkbox"/> Campylobacter fetus ssp. venerealis/Tritrichomonas foetus <input type="checkbox"/> Tritrichomonas foetus <input type="checkbox"/> Individual <input type="checkbox"/> Pooled	<b>Serology</b> <input type="checkbox"/> Brucella (BPAT) - <b>Must be accompanied by CFIA forms</b> <input type="checkbox"/> BVD-1 <input type="checkbox"/> BVD-2 <input type="checkbox"/> BRSV <input type="checkbox"/> IBR <input type="checkbox"/> PI3 <input type="checkbox"/> Johne's <input type="checkbox"/> Coronavirus <input type="checkbox"/> Neospora <input type="checkbox"/> Leukosis <input type="checkbox"/> Salmonella Dublin <input type="checkbox"/> Anaplasma <b>Toxicology</b> Mineral Panel: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> Single Mineral: _____ Vitamin A <input type="checkbox"/> Blood <input type="checkbox"/> Liver Vitamin E <input type="checkbox"/> Blood <input type="checkbox"/> Liver <input type="checkbox"/> Vitamin A & E <input type="checkbox"/> Vitamin D (blood only) <input type="checkbox"/> Cholinesterase (brain / blood) <input type="checkbox"/> Methemoglobin <input type="checkbox"/> Nitrite (serum / ocular fluid) <input type="checkbox"/> Other: _____ <b>Mycotoxin / Ergot – complete the Mycotoxin Ergot Submission Form</b> <b>Cytology</b> <input type="checkbox"/> Fluid <input type="checkbox"/> Smear Site: _____ <b>Necropsy, Surgical and Histology</b> <input type="checkbox"/> complete Page 2
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Clinic

Owner

### 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: \_\_\_\_\_