



Prairie Diagnostic Services Inc.
52 Campus Drive Saskatoon SK S7N 5B4
TEL: (306) 966-7316 FAX: (306) 966-2488
Website: pdsinc.ca Email: pds.info@usask.ca

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

COMPANION and EXOTIC SUBMISSION FORM * Required Fields

Clinic*: _____ Address: _____ Postal Code: _____ Phone: _____ Veterinarian*: _____ Email: _____ Copy to: Name _____ Copy to: Email _____	Owner/Farm Name*: _____ Location/Premise ID (if applicable): _____ Barn ID: _____ Species*: _____ Breed*: _____ Animal ID*: _____ <small>For Multiple Animals include a Multi Animal Form or Excel ID list. Email to dso@usask.ca.</small> Age*: _____ Age Unit*: _____ Sex*: _____
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☐ **STAT** (fees apply) ☐ **Rabies Suspect** ☐ **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 _____ (if applicable) HISTORY: (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)	Purchase Order Number: _____ Incident Identifier: _____
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Samples	Samples Sent*	Received office use only
On Cells		
Serum		
EDTA		
Heparin		
Blood Smear		
Cytology Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

Animal receiving Chemotherapy: ☐ Yes ☐ No Are drugs cytotoxic to humans: ☐ Yes ☐ No
Herd size: _____ #Sick: _____ #Dead: _____
Previous PDS Case Number: _____ Submitters Signature: _____
Swab / Tissue Sites: _____

Chemistry Panels <input type="checkbox"/> Standard <input type="checkbox"/> Kidney <input type="checkbox"/> Presurgical <input type="checkbox"/> Liver <input type="checkbox"/> Mini (exotics only) <input type="checkbox"/> Pancreas Avian/Reptile/Amphibians <input type="checkbox"/> Standard <input type="checkbox"/> Mini <input type="checkbox"/> Mini+ <input type="checkbox"/> Bile Acid <input type="checkbox"/> Fasted <input type="checkbox"/> Post-prandial <input type="checkbox"/> Fructosamine: (canine / feline only) <input type="checkbox"/> Single chemistry: _____ <input type="checkbox"/> Other: _____ Hematology <input type="checkbox"/> CBC <input type="checkbox"/> Other: _____ Coagulation <input type="checkbox"/> PT <input type="checkbox"/> PTT Endocrine <input type="checkbox"/> T4 <input type="checkbox"/> Resting <input type="checkbox"/> Post Pill <input type="checkbox"/> Canine cTSH (canine only) <input type="checkbox"/> ACTH Stimulation Test <input type="checkbox"/> Pre <input type="checkbox"/> 1 hr post <input type="checkbox"/> 2 hr post <input type="checkbox"/> Dexamethasone Suppression <input type="checkbox"/> LDDST <input type="checkbox"/> HDDST <input type="checkbox"/> Pre <input type="checkbox"/> 3 or 4 hr post <input type="checkbox"/> 8 hr post <input type="checkbox"/> Cortisol (single): <input type="checkbox"/> Resting <input type="checkbox"/> Post <input type="checkbox"/> Phenobarbital <input type="checkbox"/> Progesterone Endocrine now referred out <input type="checkbox"/> T3 <input type="checkbox"/> KBr <input type="checkbox"/> KBr/Phenobarbital combo <input type="checkbox"/> Testosterone <input type="checkbox"/> Estradiol <input type="checkbox"/> Other: _____	Urine Collection Method: _____ <input type="checkbox"/> Free Flow <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheterized <input type="checkbox"/> Unknown <input type="checkbox"/> Off Table <input type="checkbox"/> Urinalysis <input type="checkbox"/> Culture <input type="checkbox"/> Urinalysis and Urine Cytology <input type="checkbox"/> Protein/Creatinine Ratio <input type="checkbox"/> Cortisol/Creatinine Ratio <input type="checkbox"/> Other: _____ Bacteriology/Mycology Specimen & Site: _____ <input type="checkbox"/> Routine Culture & Susceptibility <input type="checkbox"/> Check for MIC <input type="checkbox"/> Fungal culture <input type="checkbox"/> Urine culture <input type="checkbox"/> Other: _____ Parasitology <input type="checkbox"/> Routine Flotation <input type="checkbox"/> Modified Wisconsin <input type="checkbox"/> Baermann (Larvae Sedimentation) <input type="checkbox"/> Cryptosporidium/Giardia FA and Routine Float <input type="checkbox"/> Fecal Egg Sedimentation <input type="checkbox"/> Modified Knott's - Heartworm (KOH) <input type="checkbox"/> Mite and Arthropod Examination (KOH) <input type="checkbox"/> Parasite ID <input type="checkbox"/> Other: _____	Immunology <input type="checkbox"/> IHC - Stain: _____ <input type="checkbox"/> Antinuclear Antibody (Canine only) <input type="checkbox"/> Coombs test (37°C) <input type="checkbox"/> with Temperature Profile <input type="checkbox"/> Distemper (IHC on haired skin biopsy) <input type="checkbox"/> Other: _____ PCR <input type="checkbox"/> E. coli Canine Enteric Panel <input type="checkbox"/> Feline Calicivirus/Herpesvirus <input type="checkbox"/> Herpesvirus (panherpesvirus - not species specific) <input type="checkbox"/> Mycobacterium species <input type="checkbox"/> Mycoplasma haemofelis and M. Haemominutum <input type="checkbox"/> Mycoplasma species <input type="checkbox"/> Tritrichomonas foetus PCR Referred to Dr. Jenkins' Lab <input type="checkbox"/> Echinococcus spp. / Taenia spp. <input type="checkbox"/> Sequencing Echinococcus spp. / Taenia spp. Serology <input type="checkbox"/> Brucella canis <input type="checkbox"/> FELV/FIV Combo ELISA <input type="checkbox"/> Feline Infectious Peritonitis <input type="checkbox"/> Tick Transmitted Disease Panel <input type="checkbox"/> SNAP 4Dx Plus Test	Toxicology 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 Vitamin A & E <input type="checkbox"/> Blood <input type="checkbox"/> Liver <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: _____ Cytology <input type="checkbox"/> Fluid <input type="checkbox"/> Smear Sites: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ Necropsy, Surgical and Dermatohistopathology (Derm) <input type="checkbox"/> Surgical / Derm complete Page 2 <input type="checkbox"/> Necropsy complete Page 3 <input type="checkbox"/> Referred Out Tests <small>*include agent for shipment if sending to USA.</small>
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SURGICAL BIOPSY/DERMATOPATHOLOGY SUBMISSION
(Please fill out Page 1 and submit along with this form)

Clinic: _____ **Owner Name:** _____

Surgical Biopsy

On diagram below shade areas and mark "X" as

Samples submitted:

of formalized tissue biopsies _____ Description: _____

of fresh tissues biopsies _____ Description: _____

of cytology specimens _____ List sites: 1) _____

2) _____

3) _____

4) _____

Dermatopathology Submissions

On diagram below shade areas and mark "X" as biopsy sites

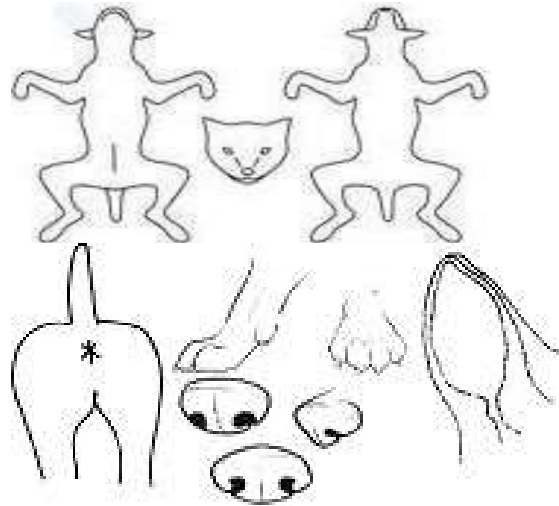
Circle lesion type

Primary

bullae
macule
nodule
papule
patch
plaque
tumor
vesicle
wheal

Secondary

abscess
alopecia
callus
collarette
comedone
crust
cyst
erythema
erosion
excoriation
fissure
hyperkeratosis
hyperpigmentation
hypopigmentation
scale
scar
ulcer



Duration of problem: _____ Animal is pruritic ☐ Yes ☐ No ☐ Don't know

Pertinent History

Other test results: _____

Treatments Response: _____

Tentative Diagnosis: _____

Immunohistochemistry: ☐ Yes ☐ No ☐ Call First



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PDS Lab #

Clinic #

NECROPSY SUBMISSION
(Please fill out page 1 and submit along with this form)

Clinic:

Owner Name:

Signs of sickness/disease:

How is animal housed: _____

Date of death: _____ Euthanasia: _____ Method/route: _____

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) _____

Gross Necropsy Notes: