



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

### EQUINE 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 (if applicable):</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 (if applicable)</b> _____ <b>Purchase Order Number:</b> _____ <b>Incident Identifier:</b> _____ <b>HISTORY:</b> (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis) _____ _____ _____	<b>On Cells</b> _____ <b>Serum</b> _____ <b>EDTA</b> _____ <b>Heparin</b> _____ <b>Slide</b> _____ <b>Fluid</b> _____ <b>Fresh Tissue</b> _____ <b>Fixed Tissue</b> _____ <b>Whole Body</b> _____ <b>Feces</b> _____ <b>Swab</b> _____ <b>Urine</b> _____ <b>Other</b> _____
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Herd size: \_\_\_\_\_

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

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

Previous PDS Case Number: \_\_\_\_\_

Submitters Signature: \_\_\_\_\_

Swab / Tissue Sites: \_\_\_\_\_

<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"/> Bile Acid <input type="checkbox"/> Other: _____ <b>Hematology</b> <input type="checkbox"/> CBC <b>Coagulation</b> <input type="checkbox"/> PT <input type="checkbox"/> PTT <b>Urine</b> Collection Method: _____ <input type="checkbox"/> Free Flow <input type="checkbox"/> Cystocentesis <input type="checkbox"/> Catheterized <input type="checkbox"/> Unknown <input type="checkbox"/> Urinalysis <input type="checkbox"/> Culture <input type="checkbox"/> Other: _____ <b>Endocrine</b> <input type="checkbox"/> Progesterone <input type="checkbox"/> T4 <input type="checkbox"/> Cortisol <input type="checkbox"/> Dexamethasone Suppression Test <input type="checkbox"/> Pre <input type="checkbox"/> Post <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin/Glucose Ratio <input type="checkbox"/> Insulin Serial Testing <input type="checkbox"/> Resting <input type="checkbox"/> Post <input type="checkbox"/> Post <input type="checkbox"/> ACTH, Endogenous <input type="checkbox"/> Equine Metabolic Panel (Insulin & ACTH, Endogenous) <input type="checkbox"/> Equine PPID (Cushing's Profile) (Insulin, Glucose & ACTH, Endogenous) <input type="checkbox"/> Thyrotropin Releasing Hormone (TRH) Stim Test <input type="checkbox"/> Pre <input type="checkbox"/> Post	<b>Bacteriology/Mycology</b> Specimen & Site: _____ <input type="checkbox"/> Routine Culture & Susceptibility <input type="checkbox"/> Check for MIC <input type="checkbox"/> Salmonella sp. <input type="checkbox"/> Fungal Culture <input type="checkbox"/> Other: _____ <b>Parasitology</b> <input type="checkbox"/> Routine Flotation <input type="checkbox"/> Modified Wisconsin <input type="checkbox"/> Mite and Arthropod Examination (KOH) <input type="checkbox"/> Cryptosporidium/Giardia FA and Routine Float <input type="checkbox"/> Other: _____ <b>Referred out Test</b> <input type="checkbox"/> Equine Protozoal Myelitis (EPM) - Western Blot, IDExx <input type="checkbox"/> HYPP (Hyperkalemic Periodic Paralysis) <input type="checkbox"/> Potomac Fever PCR, neorickettsia risticii <input type="checkbox"/> Strep. equi (Strangles) – Antibody <input type="checkbox"/> Testosterone <input type="checkbox"/> PMSG <input type="checkbox"/> Other: _____	<b>PCR</b> <input type="checkbox"/> Equine Respiratory Panel <input type="checkbox"/> Equine Herpesvirus 1 & 4 <input type="checkbox"/> EHV1 Genotyping <input type="checkbox"/> Influenza A <input type="checkbox"/> Lawsonia intracellularis <input type="checkbox"/> Mycobacterium species <input type="checkbox"/> Mycoplasma species <input type="checkbox"/> Streptococcus equi ssp. equi <input type="checkbox"/> West Nile Virus <b>Serology</b> <input type="checkbox"/> Equine Infectious Anemia (EIA) ELISA - <b>Must be submitted on CFIA forms using GVL</b> <input type="checkbox"/> Equine Arteritis Virus (EVA) VN Screening - 2 Dilutions <input type="checkbox"/> West Nile Virus IgM ELISA (Not suitable for horses vaccinated against West Nile Virus) <b>Immunology</b> <input type="checkbox"/> IHC - Stain: _____ <input type="checkbox"/> Other: _____	<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 Vitamin A & E <input type="checkbox"/> Blood <input type="checkbox"/> Liver <input type="checkbox"/> Cholinesterase (brain / blood) <input type="checkbox"/> Methemoglobin <input type="checkbox"/> Nitrite (serum / ocular fluid) <input type="checkbox"/> Other: _____ <b>Referred Out Toxicology</b> <input type="checkbox"/> Vitamin D – referred to Michigan <b>Mycotoxin / Ergot</b> – complete the Mycotoxin Ergot Submission Form <b>Cytology</b> <input type="checkbox"/> Fluid <input type="checkbox"/> Smear Sites: #1 _____ #2 _____ #3 _____ #4 _____ <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: \_\_\_\_\_