

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

PDS Lab#
Date/Time (RECEIVED)
Clinic #

* Required Fields OCULAR PATHOLOGY SUBMISSION FORM

Clinic:			Owner Name*:	i ID	
Address:Phone:			Location/Premise ID:		
Veterinarian*:			— Species*:		
Email:			Animal Name/ID*:		
Copy to Name:Email:				Age Unit*:	
			Date Collected*:		
Samples Sent*	Received office use only	HISTORY: (include vaccination history, treatments, etc.)			
Eye Biopsy		Is a referral ophthalmologist in No Yes Ophthalmologist Name	t to copy results to:	e: Email address	
			Submitter	's Signature	