



Prairie Diagnostic Services Inc.  
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TEL: (306) 966-7316 FAX: (306) 966-2488  
Website: pdsinc.ca Email: pds.info@usask.ca

PDS Lab # \_\_\_\_\_  
Date/Time (received) \_\_\_\_\_  
Clinic # \_\_\_\_\_

### PORCINE 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\*:** \_\_\_\_\_

**Commodity:** \_\_\_\_\_  
**Prod. Stage:** \_\_\_\_\_  
**REASON FOR SUBMISSION**  
**Reason#1:** \_\_\_\_\_  
**Reason#2:** \_\_\_\_\_  
**PRIMARY SYSTEMS AFFECTED**  
**System#1:** \_\_\_\_\_  
**System#2:** \_\_\_\_\_  
**System#3:** \_\_\_\_\_

Samples	Samples Sent*	Received office use only
On Cells		
Serum		
EDTA		
Heparin		
Slide		
Fluid		
Fresh Tissue		
Fixed Tissue		
Whole Body		
Feces		
Swab		
Urine		
Other		

**Invoice to (if applicable)** \_\_\_\_\_  
**Purchase Order Number:** \_\_\_\_\_  
**Incident Identifier:** \_\_\_\_\_  
**HISTORY:** (include pertinent history, vaccination history, treatments, disease suspected, tentative diagnosis)

Herd size: \_\_\_\_\_ #Sick: \_\_\_\_\_ #Dead: \_\_\_\_\_  
Previous PDS Case Number: \_\_\_\_\_ Submitters Signature: \_\_\_\_\_  
Swab / Tissue Sites: \_\_\_\_\_

**Chemistry Panels**  
☐ Standard ☐ Kidney  
☐ Presurgical ☐ Liver  
☐ Single Chemistry: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**Hematology**  
☐ CBC  
☐ Other: \_\_\_\_\_

**Bacteriology/Mycology**  
Specimen & Site: \_\_\_\_\_  
☐ Culture & Susceptibility (General)  
☐ Check for MIC  
☐ Culture & Susceptibility (Respiratory)  
☐ Check for MIC  
☐ Salmonella Screening  
☐ Clostridium difficile culture  
☐ Clostridium Fluorescent Antibody Test (C. chauveii, C. novyi, C. septicum, C. sordelli)  
☐ Other: \_\_\_\_\_

**Parasitology**  
☐ Routine Flotation  
☐ Modified Wisconsin  
☐ Other: \_\_\_\_\_

**Immunology**  
☐ IHC - Stain: \_\_\_\_\_  
☐ Immunoglobulin Quantification  
☐ Other: \_\_\_\_\_

**Multi-Lab Panel**  
**Porcine Diarrhea Panel:**  
(select one test option)  
☐ Late Nursery, Finishing or Adult  
(Culture & Susceptibility, Salmonella screening; PCR: Coronavirus Panel, Lawsonia, Brachyspira hyodysenteriae and pilosicoli)  
Additional testing – see Dr. Hill's lab below.  
☐ Late Suckling and Early Nursery  
(Culture & Susceptibility, Salmonella screening, PCR: E. coli Enteric Virotyping; Coronavirus Panel, Porcine Rotavirus A, B, C)  
☐ Neonatal:  
(Culture & Susceptibility; Salmonella screening, Clostridium difficile, Clostridium perfringens; PCR: E. coli Enteric Virotyping, Coronavirus Panel, Rotavirus A, B, C)

**Dysentery/Brachyspira Panel:**  
**PDS**  
☐ Brachyspira hyodysenteriae / pilosicoli PCR  
☐ Brachyspira hyodysenteriae PCR  
**Dr. Hill's Lab**  
☐ Brachyspira hampsonii g1/2 PCRs  
☐ Brachyspira spp (nox) PCR (including speciation)  
☐ Brachyspira Culture  
☐ Speciation (nox and sequencing)  
☐ Antimic Resist Test (by PCR)

**PCR**  
☐ Brachyspira hyodysenteriae / pilosicoli  
☐ Brachyspira hyodysenteriae  
☐ E. coli Enteric Virotyping  
☐ Glaesserella parasuis (Haemophilus parasuis)  
☐ Influenza A  
☐ Influenza A HA and NA Sequencing  
☐ Lawsonia intracellularis  
☐ Mycobacterium species  
☐ Mycoplasma hyopneumoniae  
☐ Mycoplasma hyorhinis  
☐ Mycoplasma hyosynoviae  
☐ Mycoplasma species  
☐ Porcine Circovirus-2  
☐ Porcine Circovirus-3  
☐ Porcine Corona Panel (PEDV, TGEV, PDCoV)  
☐ Porcine Parvovirus  
☐ Porcine Sapovirus  
☐ PRRS  
☐ Rotavirus A, B and C  
☐ Senecavirus A

**Serology**  
Mycoplasma hyopneumoniae ELISA  
☐ IDEXX  
☐ Biocheck ☐ as follow up to pos.  
☐ PRRS ELISA  
☐ IFA ☐ as follow up to pos.  
☐ Swine Influenza A virus ELISA  
☐ TGE/PRCV Differentiation ELISA  
☐ Multi-APP (Actinobacillus pleuropneumoniae) (Referred Out)

**Toxicology**  
Mineral Panel:  
☐ #1 ☐ #2 ☐ #3 ☐ #4  
☐ Single Mineral: \_\_\_\_\_  
Vitamin A ☐ Blood ☐ Liver  
Vitamin E ☐ Blood ☐ Liver  
☐ Vitamin A & E  
☐ Blood ☐ Liver  
☐ Vitamin D (blood only)  
☐ Cholinesterase (brain / blood)  
☐ Methemoglobin  
☐ Nitrite (serum / ocular fluid)  
☐ Other: \_\_\_\_\_

**Mycotoxin / Ergot – complete Mycotoxin & Ergot Submission Form**

**Cytology**  
☐ Fluid ☐ Smear  
Site: \_\_\_\_\_

**Necropsy, Surgical and Histology**  
☐ complete Page 2

**Referred Out Tests**  
☐ Other: \_\_\_\_\_



**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: \_\_\_\_\_