



Prairie Diagnostic Services Inc.
www.pdsinc.ca
52 Campus Drive
Saskatoon, SK, S7N 5B4
TEL: (306) 966-7316
FAX: (306) 966-2488

Date/Time (RECEIVED)

PDS Lab # _____

CAPRINE SUBMISSION FORM

Invoice to Clinic:	Owner/Farm Name:
Address:	Animal Location:
Postal Code: Phone:	Animal ID: Barn ID: Herd Size:
Veterinarian: <small>Print name</small>	Species: Caprine Breed:
Email: Copy to: fritz.schumann@usask.ca	Sex: _____ Age: _____

STAT (fees apply) Rabies Suspect Legal Case Insurance Case **Date Collected:** _____

Reason For Submission

Diagnostic
 Research
 Surveillance
 Routine Monitoring

Samples	Sent	Received <small>office use only</small>
On cells		
EDTA		
Serum		
Fluid		
Slides		
Milk		
Urine		
Feces		
Swab		
Fixed Tissues		
Fresh Tissues		
Paraffin Block		
Whole Animal		
Other _____		

Herd size: _____
No. sick: _____
No. dead: _____
New disease, duration: _____
Ongoing disease, duration : _____
Non disease: _____

History: Special Project Name: (if applicable): _____

Bill to: **Livestock Branch, Animal Health Unit (LIVBRA0001)**

Incident ID: **PRJ0151**

McMasters - Small Ruminant Pooled Screening - number submitted _____
- Pooled Screening analysis is for herd size >= 20.

Modified McMasters Fecal Egg Count - Individual sample - number submitted _____
- Individual analysis is for herd size <20.

Collect a minimum of 15-20 pellets from each animal (small volume samples will be excluded from testing). See sampling instructions for additional information.

Include Excel list of sample IDs with submission form. Email list to dso@usask.ca

Previous submission #: _____ Submitters Signature: _____

★★**NATIONAL SURVEILLANCE**★★
Please complete this section
★★**Production Stage**★★

Fetus
 Neonate
 Nursing
 Weaned
 Juvenile
 Adult

★★**Primary Systems Affected**★★

Abortion/Stillbirth
 Cardiovascular
 Gastrointestinal
 Integument (skin)
 Mammary
 Musculoskeletal
 Neurological
 Reproductive
 Respiratory
 Sudden/Unexplained death
 Unthriftiness/Anorexia/Poor Production

Urinary
 Whole body/Multisystem
 Non disease
 Other

Chemistry Panels

Standard Surgical
 Liver Kidney
 Single chemistry: _____
 Other: _____

Hematology

CBC
 Blood smear evaluation
 Other: _____

Urine

Freeflow Cystocentesis
 Catheterized Unknown
 Urinalysis Culture
 Other _____

Cytology

Fluid(s) Smear(s)
 Other _____

List sites:
1) _____ 2) _____
3) _____ 4) _____

Referred out test

Bacteriology

Specimen & Site _____

Routine Culture & Sensitivity
 Anaerobic Fungal Culture
 Salmonella sp.
 Clostridium FA
 Mycoplasma sp.
 Other _____

Parasitology

Fecal flotation Fecal Egg count
 Giardia & Cryptosporidium combo
 Parasite ID
 Other _____

Immunology

IHC for Infectious agent

Scrapie
 Other _____

PCR

Campylobacter sp. Coxiella sp.
 Chlamydophila sp.
 Clostridium perfringens
 Johne's (Mycobacterium paratuberculosis)
 Mycoplasma sp.
 Other _____

Toxicology

Mineral Panel
 #1 #2 #3 #4
 Single Element _____
 Vitamin A
 Vitamin E
 Vitamin A and E
 Other _____

Serology

Johne's (Mycobacterium paratuberculosis)
 CAE ELISA OPP ELISA

Virology

ORF virus
 EM for _____

Pathology/Necropsy

**Dermatopathology
 **Surgical biopsy
 * Complete Necropsy
 * Histology

* Fill out page 2 – Necropsy Form*
** Fill out Page 3 – Surgical biopsy/dermatopathology form**