



Prairie Diagnostic Services Inc.
www.pdsinc.ca

52 Campus Drive
Saskatoon, SK, S7N 5B4
TEL: (306) 966-7316
FAX: (306) 966-2488

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

PDS * Required Fields

CAPRINE SUBMISSION FORM

Clinic*: _____ Address: _____ Postal Code: _____ Phone: _____ Veterinarian*: _____ Email: _____ Copy to Name: Dr. Schumann; Dr. Uehlinger Copy to Email: fritz.schumann@usask.ca; f.uehlinger@usask.ca	Owner/Farm Name*: _____ Location/Premise ID*: _____ Barn ID: _____ Species*: _____ Breed*: _____ Animal ID*: _____ For Multiple Animals include a Multi Animal Form Age*: _____ Age Unit*: _____ Sex*: _____
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STAT (fees apply) **Rabies Suspect** **Legal Case** **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)
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
 Herd size: _____ #Sick: _____ #Dead: _____
 Previous PDS Case Number: _____ Submitters Signature: _____

Chemistry Panels
 Standard Kidney
 Presurgical Liver
 Single Chemistry: _____
 Other: _____

Hematology
 CBC
 Other: _____

Urine
 Collection Method: _____
 Urinalysis Culture

Cytology
 Fluid Smear
 Site: _____

Endocrine
 BioPRYN
 Other: _____

Bacteriology/Mycology
 Specimen & Site: _____
 Routine Culture & Susceptibility
 Mastitis Culture
 Fungal Culture
 Fecal Culture
 Anthrax Culture
 Salmonella Screening
 Clostridium Fluorescent Antibody Test
 Other: _____

Parasitology
 Routine Flotation
 Modified Wisconsin
 Mite Examination
 Giardia & Cryptosporidium with Routine Flotation
 Other: _____

Immunology
 IHC - Stain: _____
 Scrapie
 Other: _____

PCR
 Campylobacter sp.
 Coxiella burnetti
 Chlamydia abortus
 Clostridium perfringens
 Mycobacterium avium ssp. paratuberculosis (Johne's)
 Pooled
 Mycoplasma sp.
 Other: _____

Serology
 Johne's (Mycobacterium paratuberculosis)
 CAE ELISA
 OPP ELISA

Referred Out Tests
 Other: _____

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

Virology
 Other: _____

Necropsy, Surgical and Histology
 complete Page 2



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Multi Animal Form

Clinic:	Owner/Farm name:
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	ID #	Age	Method	Test
1				
2				
3				
4				
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