

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

		Owner Name*:		
Postal Code: Phone:		- Snecies*		
		Breed*:		
Copy to Name:Email:		7		
		Date Collected*:		
office use only	Is a referral ophthalmologist No Yes Ophthalmolog	involved with the case: gist to copy results to:E	Email address	
	Submitter's Signature			
	F	Phone: Biopsy/Eviscerations Received HISTORY: (include vaccination his Is a referral ophthalmologist No Yes Ophthalmologist	Phone: Species*: Breed*: Animal Name/ID	Cocation/Premise ID: Species*: Breed*: Animal Name/ID*: Age*: Age Unit*: Age*: Age Unit*: Seceived office use only HISTORY: (include vaccination history, treatments, etc.) Is a referral ophthalmologist involved with the case: No