*Thank you for your enquiry about laboratory testing at Prairie Diagnostic Services Inc. In order for us to provide you with a written price estimate we need to know information on your testing requirements including: number of samples, test type, turnaround times.*

*Please fill in as much of the information as possible so that we can provide you a comprehensive price estimate in a timely fashion. Where more than one option is provided either circle or underline response.*

Principal Investigator:

Description of Project: (attach additional information if required, include Graduate Student Name if applicable)

Species:

Current PDS Client: **Yes No**

If No please complete Client Information Form and fax to PDS Accounting 306-966-7737

PO number / Fund number (if available):

Date estimate required by:

Proposed Start Date: Proposed End Date:

Reason for Request: **Research Surveillance** **Diagnostic**

Special Project Requirements: (please add details to special requirements)

Record retention: **Yes No** If Yes provide explanation

Special Methodology: **Yes No** If Yes provide copy of method

Quality Control Records **Yes No**

Interpretation/Consultation **Yes No** If Yes provide explanation

**Sampling information and requirements:** (Note: If PDS needs to subcontract to an external laboratory additional fees will be included in the estimate such as: shipping and handling, test fees at current exchange rate. Note: prices are subject to change without notice.)

|  |  |  |
| --- | --- | --- |
| **Test Request** | **Sample Type** | **Number of Samples** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Tests run: **Individual Batches Routine testing**

Samples will arrive: **Fresh Frozen Formalized fixed**

Samples received outside regular business hours will be subject to overtime charges.

Sample Storage requirements prior to test: **Fridge RT (room temp) -20 -80 NA**

Sample retention: **Yes No** (Note: Typically PDS maintains samples for 2 weeks if extended storage is required additional charges may apply. If Yes please include discard date. )

Samples to be returned after testing: **Yes No**

Disposal of submitted samples/carcasses: **Yes No**

Expected Turnaround Time for results/final report:

PDS typically reports results directly from PDS LIMS (.pdf) is this acceptable. **Yes No**

Excel spreadsheet format required (if available): **Yes No**

*PDS invoices daily on a per submission basis for the duration of the project unless otherwise requested. Payments may be made monthly based on the statement and statement summary.*

*Using the information provided we will create a price estimate. The price estimate (not the checklist) must be accepted, signed and returned prior to your first submission. Email acceptance to Director of Project Management and Stakeholder Relations and/or PDS Diagnostic Specialist will suffice.*

*Once acceptance has been confirmed PDS will provide a customized submission form (if required) to be included with your samples to ensure requirements are carried out as described.*

**PDS Office Use Only:**

PDS price estimate template completed: (for more than one submission) **Yes No**

Additional information required: **Yes No**

Customized submission form required: **Yes No**

Special Project/Incident Identifier assigned **Yes No**

Please ensure a PDS Project/Contract checklist has been completed by Diagnostic Specialist, Area Supervisor and/or designate. Forward to Director of Project Management and Stakeholder Relations.

End of Form