



Aquatic Animal Submission Form

Phone: (609) 406-6999 Fax: (609) 671-6414

Lab Use Only

(Specimens submitted for testing become property of the laboratory and may be tested as part of Federal or State surveillance programs. Please contact the laboratory to discuss if private cremation of animal remains is desired.)

Please **PRINT FULL** name, fill out address and phone #

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Submitter		
Name:		
Clinic Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Lab Report Distribution Preference:		Account Number:
<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Phone		

Owner		
Name:		
Address:		
City:	State :	Zip:
Premise ID:		
Phone:	Fax:	
Email:		
Lab Report Distribution Preference:		
<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Phone		

Send Report To:	<input type="checkbox"/> Submitter	<input type="checkbox"/> Owner	<input type="checkbox"/> Other _____
Bill To:	<input type="checkbox"/> Submitter	<input type="checkbox"/> Owner	<input type="checkbox"/> Other _____

Necropsy: Body Remains Disposal after Necropsy	
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Crematory _____

Submitting Veterinarian's Signature/Date: _____

Specimen Submitted					
Specimen Collection Date:			Specimen Submission Date:		
Samples		Number	Samples		Number
Whole fish	<input type="checkbox"/>				
Gill	<input type="checkbox"/>		Ovarian Fluid	<input type="checkbox"/>	
Head	<input type="checkbox"/>		Serum	<input type="checkbox"/>	
Heart	<input type="checkbox"/>		Bacterial Isolate	<input type="checkbox"/>	
Intestine	<input type="checkbox"/>		Smear	<input type="checkbox"/>	
Kidney	<input type="checkbox"/>		Swab	<input type="checkbox"/>	
Liver	<input type="checkbox"/>		Other	<input type="checkbox"/>	
Muscle	<input type="checkbox"/>				
Skin	<input type="checkbox"/>		Preservation Method		
Spleen	<input type="checkbox"/>		Fresh	<input type="checkbox"/>	
Swim Bladder	<input type="checkbox"/>		Frozen	<input type="checkbox"/>	
Whole viscera	<input type="checkbox"/>		Fixed	<input type="checkbox"/>	
Other	<input type="checkbox"/>		Transport Medium	<input type="checkbox"/>	

Test Requested			
Bacteriology/Mycology; Pathology; Parasitology; Virology			
Bacterial Culture & ID	<input type="checkbox"/>	Furunculosis (<i>Aeromonas salmonicida</i>) culture	<input type="checkbox"/>
Antimicrobial Susceptibility	<input type="checkbox"/>	Virus Isolation (Cell line(s) and temperature are dependent on virus selected)	
Fungal Screen	<input type="checkbox"/>	Infectious Hematopoietic Necrosis Virus (IHNV)	<input type="checkbox"/>
Necropsy	<input type="checkbox"/>	Infectious Pancreatic Necrosis Virus (IPNV)	<input type="checkbox"/>
Histopathology	<input type="checkbox"/>	Viral Hemorrhagic Septicemia Virus (VHSV)	<input type="checkbox"/>
Whirling Disease	<input type="checkbox"/>	Spring Viremia of Carp Virus (SVCV)	<input type="checkbox"/>
Enteric Red Mouth (<i>Yersinia ruckeri</i>) culture	<input type="checkbox"/>	See page 2 for additional tests	

PCR		<i>Please identify all specimens individually below:</i>
Koi Herpesvirus (KHV)	<input type="checkbox"/>	Species:
Largemouth Bass Virus	<input type="checkbox"/>	
Viral Hemorrhagic Septicemia Virus (VHSV)	<input type="checkbox"/>	
Panels		Age/Size:
Fish Health Inspection Panel	<input type="checkbox"/>	
Other (specify below)	<input type="checkbox"/>	

Do only tests requested?	<input type="checkbox"/>	Do additional tests if needed to make a diagnosis?	<input type="checkbox"/>
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History/Description of Lesions

Location/Identification (farm registration number, cage, pond, tank or raceway numbers)

Water Temperature
