



**AQUATACTICS**  
Bimeda

## AquaTactics Fish Health

### Bacterial Acquisition Form

#### Source

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

ZIP Code

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Isolate Information

*Please provide as much information as available for the source of the isolate.*

Fish Species			
Tissue			
Date Isolated			
Date Identified			
Identity (Genus / Species)			
Isolate Identification No.			
Method of Identification			
Growth Medium <small>Note: Do not use bovine blood or media components</small>			
Antibiotic Sensitivity <small>(if known)</small>	Aquaflor	R <input type="checkbox"/>	S <input type="checkbox"/>
	Romet	R <input type="checkbox"/>	S <input type="checkbox"/>
	Terramycin	R <input type="checkbox"/>	S <input type="checkbox"/>
Other Information <small>(pathogenicity, disease caused, special handling considerations, etc.)</small>			

#### Ship To:

#### AquaTactics Fish Health

12015 115<sup>th</sup> Avenue NE, Suite 120  
Kirkland, WA 98034

Attn:

Phone:

Fax:

Email: