FISH DIAGNOSTIC REQUEST FORM



Submission Date:		
AUTHORIZING VETERINARIAN INFORMATION	PRODUCER INFORMATION	
Veterinarian:Clinic Name:	Name:	
	Facilty Name:	
Address:		
City, State, Zip:	City, State, Zip:	
Phone:		
Email:		
PREFFERED REPORTING METHODPhone Email	SPECIES:	
OR VACCINATION & TREATMENTS (Product name, date given, and	l dose)	
1	4	
2	5	
3	6	
# on premises:		
Differential Diagnoses/Presumptive Diagnosis:		
SAMPLE INFORMATION Sample Collection Date: TISSUE SAMPLE TYPE & QUANTITY		
Whole Fish##	Spleen:#	
Gill:#	Intestine: #	
Eye:#	Fin/Skin:##	
Muscle:# Liver:#	Eggs:# Other#	
Kidney: #		
	IMPORTANT SHIPPING INSTRUCTIONS!	
SERVICES REQUESTED	SHIPMENTS: All samples must be sent FEDEX or UPS PRIORITY OVERNIGHT DELIVERY. Ship s	
Bacteria Detection, Isolation & IdentificationAntibiotic Sensitivity Testing	Monday-Thursday only. Priority mail is not adequate for shipping samples. Please submit the and call prior to submission.	
Isolate Preservation & Storage for use in Autogenous Vaccine Production	SAMPLE HANDLING: Tissue samples must be doubled bagged/boxed and whole fish mu secure with ice and cold padss. Ziploc-type bags prevent leakage. Tissue samples should be-	

not frozen in an insulated container.