



SAMPLES TAKEN: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/(yyyy/mm/dd) Time of day: \_\_\_\_\_ Date sent \_\_\_\_/\_\_\_\_/\_\_\_\_/(yyyy/mm/dd)

SUBMITTED BY: Veterinarian Owner Agent BILL: Veterinarian Agent

**Important. Please read.** Contact Information must be supplied with all samples submitted for testing to the Animal Health Lab ("AHL"). Agricultural animal testing carried out through AHL is subsidized by the Government of Ontario. By submitting samples for testing to AHL, the submitter acknowledges that s/he is the owner or is a duly authorized agent of the owner. The submitter acknowledges and agrees that AHL may share test results and contact information as it deems necessary for the purposes of relevant legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Ontario.

Clinic No.	Owner Name
Clinic	Address
Address	Postal Code
City	Phone
Veterinarian	Fax
Email	
	Species: _____
	Age: ____ d / w / m / y (circle) Sex _____
	Rearing system (concrete tanks, circular flow-through, etc.) _____
	Density: _____ (kg fish/m3 water)
	Type: <input type="checkbox"/> Aquaculture/Commercial <input type="checkbox"/> Pet <input type="checkbox"/> Research <input type="checkbox"/> Zoo/Aquarium

**\*\*\*MINIMUM PRESCRIPTION INFORMATION REQUIRED\*\*\***

Total # of population: _____ Number dead: _____	Plants in tank: <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Minimum Rx information</b>
Duration of problem: _____	Relevant water quality:	Temperature: _____
Weight: _____ <input type="checkbox"/> g <input type="checkbox"/> kg (average)	Ammonia: _____	Feed type: _____ (size, brand)
Other species in tank: _____	D.O.: _____	Feeding rate: _____ (% body weight)
	Other (list): _____	# to be treated: _____
		Average weight: _____

Were fish moved or shipped recently? If so, when?

Behavioural observations: (example: decreased feeding behaviour, side swimming, etc.)

Relevant water quality observations:

Daily mortality: (please include data for 2 weeks up to submission date) NOTE: These can be submitted as a separate spreadsheet.

Other pertinent information:

**Test Requested:**

- Fish processing includes: necropsy, wet-mounts on skin and gill [ ]; Number of fish \_\_\_\_\_  
(One charge for up to 4 fish)
- Histology; Number of fish \_\_\_\_\_ (One charge for up to 4 fish)
- Bacterial culture; Number of fish \_\_\_\_\_ (One setup charge will be applied to each submission (food fish only)  
(One culture charge will be applied to each sample)

- fishpm* (aquaculture)
- fpmmf* (others)
- khist* (aquaculture)
- khstcm3* (others)
- cultfsh* (aquaculture) *fsetup* (food fish only)
- cultfnf* (nonfood)

**PCR tests**

- Koi Herpes Virus (KHV) - PCR *khvpcr*
- Infectious salmon anemia virus (ISAV) - PCR *isavpcr*
- Infectious Hematopoietic Necrosis Virus (IHNV) - PCR *IHNvpcr*
- Myxobolus cerebralis (whirling disease pathogen) - PCR *wdpcr*
- Flavobacterium psychrophilum (cold water disease) - qPCR *fpsyqcr*
- Aeromonas salmonicida PCR *asalpcr*
- Fish viral hemorrhagic septicemia virus (VHSV) - PCR *vhsv*
- Fish viral hemorrhagic septicemia virus (VHSV) - PCR (VHSV PCR certification for fish movement, submit 200 live fish) *vhsvc*

**SPECIMEN CONDITION**

<input type="checkbox"/> Fresh dead: mortality	<input type="checkbox"/> Fresh dead: euthanized via other method: _____	<b>Sent</b>	<b># SPECIMENS</b>	<b>Received</b>
<input type="checkbox"/> Fresh dead: euthanasia by cervical dislocation	<input type="checkbox"/> Formalin-fixed	_____ Fish	_____	_____
<input type="checkbox"/> Fresh dead: euthanized with anesthetic overdose (MS-222)	<input type="checkbox"/> Live	_____ Tissue-Fixed	_____	_____
		_____ Other	_____	_____

**Any Questions? Please contact the lab.**

Email: ahlinfo@uoguelph.ca  
 Website: http://ahl.uoguelph.ca  
 AHL GUELPH: 519-824-4120 ext: 54530, Fax: 519-827-0961

**AHL - Guelph Courier Address**

UoG Animal Health Lab-PAHL  
 419 Gordon Street-Bldg 89  
 Guelph, ON N1G 2W1

Animal Health Laboratory  
 Laboratory Services Division  
 79 Shearer Street  
 Kemptville, Ontario  
 K0G 1J0

**SPECIMENS RECEIVED**

Received by Courier Drop-off Mail Initial