**FISH SUBMISSION FORM**

**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.

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**SPECIMENS RECEIVED**

<table>
<thead>
<tr>
<th>Sent</th>
<th># SPECIMENTS</th>
<th>Received</th>
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**SPECIMEN CONDITION**

- [ ] Fresh dead: mortality
- [ ] Fresh dead: euthanized via other method: __________________
- [ ] Fresh dead: euthanized by cervical dislocation
- [ ] Fresh dead: euthanized with anesthetic overdose (MS-222)
- [ ] Formalin-fixed
- [ ] Live

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**Test Requested:**

- [ ] Fish processing includes: necropsy, wet-mounts on skin and gill [ ]: Number of fish ____
- [ ] Histology: Number of fish ____
- [ ] Bacterial culture: Number of fish ____

**PCR tests**

- [ ] Koi Herpes Virus (KHV) - PCR
- [ ] Infectious salmon anemia virus (ISAV) - PCR
- [ ] Infectious Hematopoietic Necrosis Virus (IHNV) - PCR
- [ ] Myxobolus cerebralis (whirling disease pathogen) - PCR
- [ ] Flavobacterium psychrophilum (cold water disease) - qPCR

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**Minimum Rx information**

- Temperature: __________________
- Feed type: ____________________ (size, brand)
- Feeding rate: ____________________ (% body weight)
- # to be treated: ____________________
- Average weight: ____________________

**Other pertinent information:**

- 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.

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**Receive by:**

- [ ] Courier
- [ ] Drop-off
- [ ] Mail
- [ ] Initial

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**Animal Health Laboratory**

- [ ] 419 Gordon Street-Bldg 89
- [ ] Guelph, ON N1G 2W1
- [ ] 519-824-4120 ext: 54530, Fax: 519-827-0961

**Website:** http://ahl.uoguelph.ca

**Contact:**

- [ ] ahlinfo@uoguelph.ca
- [ ] 824-827-0961 ext: 54530, Fax: 519-827-0961

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**Important Fish Viral Hemorrhagic Septicemia** (VHSV)

- [ ] Fish viral hemorrhagic septicemia virus (VHSV) - PCR
- [ ] Fish viral hemorrhagic septicaemia virus (VHSV) - PCR

**Laboratory Services Division**

- [ ] Animal Health Laboratory
- [ ] 79 Shearer Street
- [ ] Kemptville, Ontario
- [ ] KOG 1J0

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