



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.** By submitting samples to Animal Health Laboratory (AHL), the Submitter acknowledges that they are the owner or a duly authorized agent. Testing carried out by the AHL is subsidized by the Government of Ontario, therefore AHL will share anonymized test results for the purpose of surveillance of animal and public health in Ontario. Contact information will be released only if required by relevant legislation, including reportable diseases. Due to biosafety requirements, samples that enter the AHL cannot be returned to the Submitter following testing. Specimens submitted to the AHL, and any information or Intellectual Property arising from such specimens, belong to the University of Guelph unless other arrangements are made in writing at the time of submission.

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

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

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

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)
  - fishpm* (aquaculture)
  - fpmmf* (others)
- Histology; Number of fish \_\_\_\_\_ (One charge for up to 4 fish)
  - khist* (aquaculture)
  - khstcm3* (others)
- 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)
  - cultfsh* (aquaculture) *fsetup* (food fish only)
  - cultfnf* (nonfood)

**PCR tests**

- |   |                |   |                |
|---|----------------|---|----------------|
| <input type="checkbox"/> Infectious Hematopoietic Necrosis Virus (IHNV) - PCR   | <b>IHNVpcr</b> | <input type="checkbox"/> Aeromonas salmonicida PCR                                | <b>asalpcr</b> |
| <input type="checkbox"/> Infectious Pancreatic Necrosis Virus—PCR   | <b>ipnv</b>    | <input type="checkbox"/> Flavobacterium columnarae—PCR                            | <b>fcopcr</b>  |
| <input type="checkbox"/> Infectious salmon anemia virus (ISAV) - PCR  | <b>isavpcr</b> | <input type="checkbox"/> Flavobacterium branchiophilum—PCR                        | <b>bgdpcr</b>  |
| <input type="checkbox"/> Koi Herpes Virus (KHV) - PCR   | <b>khvpcr</b>  | <input type="checkbox"/> Flavobacterium psychrophilum (cold water disease) - qPCR | <b>fpsypcr</b> |
| <input type="checkbox"/> Fish viral hemorrhagic septicemia virus (VHSV) - PCR   | <b>vhsv</b>    | <input type="checkbox"/> Lactococcus garvieae - qPCR                              | <b>lgrvpcr</b> |
| <input type="checkbox"/> Fish viral hemorrhagic septicemia virus (VHSV) - PCR<br>(VHSV PCR certification for fish movement, submit 200 live fish) | <b>vhsvc</b>   | <input type="checkbox"/> Myxobolus cerebralis (whirling disease pathogen) - PCR   | <b>wdpcr</b>   |
|   |                | <input type="checkbox"/> Renibacterium salmoninarum- PCR                          | <b>bkdpcr</b>  |

**SPECIMEN CONDITION**

<input type="checkbox"/> Fresh dead: mortality <input type="checkbox"/> Fresh dead: euthanasia by cervical dislocation <input type="checkbox"/> Fresh dead: euthanized with anesthetic overdose (MS-222)	<input type="checkbox"/> Fresh dead: euthanized via other method: _____ <input type="checkbox"/> Formalin-fixed <input type="checkbox"/> Live	<table border="1"> <thead> <tr> <th>Sent</th> <th># SPECIMENS</th> <th>Received</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Fish</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Tissue-Fixed</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Other</td> <td>_____</td> </tr> </tbody> </table>	Sent	# SPECIMENS	Received	_____	Fish	_____	_____	Tissue-Fixed	_____	_____	Other	_____
Sent	# SPECIMENS	Received												
_____	Fish	_____												
_____	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 Initial