



Lab use only

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	Postal Code
City	Phone
Veterinarian	Fax
Email	
Species: _____	Animal/Group ID (see backpage)
Age: ____d / w / m / y (circle) Sex _____	Type:
Rearing system (concrete tanks, circular flow-through, etc.) _____	<input type="checkbox"/> Aquaculture/Commercial
Density: _____ (kg fish/m3 water)	<input type="checkbox"/> Pet
	<input type="checkbox"/> Research
	<input type="checkbox"/> Zoo/Aquarium

MINIMUM PRESCRIPTION INFORMATION REQUIRED

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

- ☐ Infectious Hematopoietic Necrosis Virus (IHNV) - PCR
☐ Infectious Pancreatic Necrosis Virus—PCR
☐ Infectious salmon anemia virus (ISAV) - PCR
☐ Koi Herpes Virus (KHV) - PCR
☐ Fish viral hemorrhagic septicemia virus (VHSV) - PCR
☐ Fish viral hemorrhagic septicemia virus (VHSV) - PCR
 (VHSV PCR certification for fish movement, submit 200 live fish)

IHNVpcr
ipnv
isavpcr
khvpcr
vhsv
vhsvc

- ☐ Aeromonas salmonicida PCR
☐ Flavobacterium columnarae—PCR
☐ Flavobacterium branchiophilum—PCR
☐ Flavobacterium psychrophilum (cold water disease) - qPCR
☐ Lactococcus garvieae - qPCR
☐ Myxobolus cerebralis (whirling disease pathogen) - PCR
☐ Renibacterium salmoninarum- PCR

asalpcr
fcoppcr
bgdpcr
fpsypcr
lgrvpcr
wdpcr
bkdpcr

SPECIMEN CONDITION

- ☐ Fresh dead: mortality
☐ Fresh dead: euthanasia by cervical dislocation
☐ Fresh dead: euthanized with anesthetic overdose (MS-222)

- ☐ Fresh dead: euthanized via other method: _____
☐ Formalin-fixed
☐ Live

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



AHL Case # _____
☐ Resubmission/Quote#

[illegible]