



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	
<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)	
<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> _____
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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)
- hist** (aquaculture)
- histpa** (others)
- cultfish** (aquaculture) **fsetup** (food fish only)
- cultfnf** (nonfood)

**PCR tests**

- Fish viral hemorrhagic septicemia virus (VHSV) - PCR **vhsv**
- Koi Herpes Virus (KHV) - PCR **khv**
- Infectious salmon anemia virus (ISAV) - PCR **isavpcr**
- Infectious Hematopoietic Necrosis Virus (IHNV) - PCR **IHNVpcr**
- Myxobolus cerebralis (whirling disease pathogen) - PCR **wdpcr**

**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 Mail Initial