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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MADISON  445 Easterday Lane E-mail  Madison, WI 53706 submissions@wvdl.wisc.edu  Phone: (800) 608-8387 Website or (608) 262-5432 [www.wvdl.wisc.edu](http://www.wvdl.wisc.edu)  Fax: (608) 504-2594  **LABEL**  Condition:  Live  Dead   Frozen  Chilled  Warm  FISH DISEASE DIAGNOSTICS SUBMISSION FORM | | | | | | | | | | | | | |  | | | |
| **Owner**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Farm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_  Reference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Premise ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date samples taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shipped \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **Veterinarian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_  Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| SPECIMENS SUBMITTED | | | | | | | | | | | | | | | | |
| Samples  How many?  ❑ Whole fish (WF) \_\_\_\_\_\_  ❑ Gill (GL) \_\_\_\_\_\_  ❑ Head (HD) \_\_\_\_\_\_  ❑ Heart (HRT) \_\_\_\_\_\_  ❑ Intestine (INT) \_\_\_\_\_\_  ❑ Kidney (KID) \_\_\_\_\_\_  ❑ Liver (LIV) \_\_\_\_\_\_  ❑ Muscle (MSL) \_\_\_\_\_\_  ❑ Skin (SKN) \_\_\_\_\_\_  ❑ Kidney/Spleen (K/S) \_\_\_\_\_\_ | | Samples  How many?  ❑ Spleen (SPL) \_\_\_\_\_  ❑ Swim bladder (SB) \_\_\_\_\_  ❑ Whole viscera (WV) \_\_\_\_\_  ❑ Other (OTH) \_\_\_\_\_  (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  **How preserved?**  ❑ Fresh  ❑ Frozen  ❑ Fixed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Transport medium \_\_\_\_\_\_\_\_\_ | | | | | | | Fluids  How many?  ❑ Ovarian Fluid (OF) \_\_\_\_\_\_  ❑ Other (OTH) \_\_\_\_\_\_  (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  ❑ Individual  ❑ Pool | | Miscellaneous  How many?  ❑ Bacterial isolate \_\_\_\_\_\_  (origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  ❑ Smear (SM) \_\_\_\_\_\_  (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  ❑ Swab (SW) \_\_\_\_\_\_  (origin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  ❑ Other (OTH) ­\_\_\_\_\_\_  (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | |
| TESTS REQUESTED *Please check the WVDL website or call the WVDL for a list of available tests and fees.* | | | | | | | | | | | | | | | | |
| Bacteriology | | | Pathology | | | | | Parasitology | | | | Virology | | | |
| ❑ Bacterial Culture & ID  ❑ Bacterial Kidney Disease  Preliminary Findings  ❑ **FAX *or*** ❑ **E-mail** | | | ❑ Necropsy  ❑ Histopathology | | | | | ❑ Direct Smear Exam  ❑ Internal Parasite Screen  ❑ Whirling Disease | | | | ❑ Salmonid Virus  ❑ Largemouth Bass Virus  ❑ Spring Viremia of Carp Virus  ❑ Sturgeon Virus  ❑ Viral Hemorrhagic Septicemia | | | | |
| **NOTE:**  *Please identify all specimens individually below.* ❑ *Do only tests requested OR* ❑ *Do additional tests if needed to make a diagnosis.* | | | | | | | | | | | | | | | | |
| Fish/Lot ID | Species | | | Age/Size | Specimen Abbreviation  **( *From list above*)** | | | | | Analysis Requested | | | | | | |
| 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 5 5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| HISTORY  (Clinical signs, nutrition, management, temperature, environment, water quality, stress level, vaccinations, therapy, necropsy findings,  previous laboratory results, etc.)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| DESCRIPTION OF LESIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| *Please draw lesions and their locations as best you can.*  Fish_rightFish_left | | | | | | | | | | | | |
| **Submitting Veterinarian's Signature**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | For Laboratory Use Only:  FAX\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_Prelim\_\_\_\_\_\_\_\_Final\_\_\_\_\_\_\_ | | | | | | |