

FISH DISEASE DIAGNOSTICS SUBMISSION FORM



MADISON

445 Easterday Lane
Madison, WI 53706
Phone: (800) 608-8387
or (608) 262-5432
Fax: (608) 504-2594

E-mail
submissions@wvdl.wisc.edu
Website
www.wvdl.wisc.edu

LABEL

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? | |
| <input type="checkbox"/> Whole fish (WF) | _____ | |
| <input type="checkbox"/> Gill (GL) | _____ | |
| <input type="checkbox"/> Head (HD) | _____ | |
| <input type="checkbox"/> Heart (HRT) | _____ | |
| <input type="checkbox"/> Intestine (INT) | _____ | |
| <input type="checkbox"/> Kidney (KID) | _____ | |
| <input type="checkbox"/> Liver (LIV) | _____ | |
| <input type="checkbox"/> Muscle (MSL) | _____ | |
| <input type="checkbox"/> Skin (SKN) | _____ | |
| <input type="checkbox"/> Kidney/Spleen (K/S) | _____ | |

Samples

- | | |
|---|-----------------|
| | How many? |
| <input type="checkbox"/> Spleen (SPL) | _____ |
| <input type="checkbox"/> Swim bladder (SB) | _____ |
| <input type="checkbox"/> Whole viscera (WV) | _____ |
| <input type="checkbox"/> Other (OTH) | _____ |
| | (specify _____) |
| How preserved? | |
| <input type="checkbox"/> Fresh | |
| <input type="checkbox"/> Frozen | |
| <input type="checkbox"/> Fixed | _____ |
| <input type="checkbox"/> Transport medium | _____ |

Fluids

- | | |
|---|-----------------|
| | How many? |
| <input type="checkbox"/> Ovarian Fluid (OF) | _____ |
| <input type="checkbox"/> Other (OTH) | _____ |
| | (specify _____) |
| <input type="checkbox"/> Individual | |
| <input type="checkbox"/> Pool | |

Miscellaneous

- | | |
|--|-----------------|
| | How many? |
| <input type="checkbox"/> Bacterial isolate | _____ |
| | (origin _____) |
| <input type="checkbox"/> Smear (SM) | _____ |
| | (specify _____) |
| <input type="checkbox"/> Swab (SW) | _____ |
| | (origin _____) |
| <input type="checkbox"/> Other (OTH) | _____ |
| | (specify _____) |

TESTS REQUESTED

Please check the WVDL website or call the WVDL for a list of available tests and fees.

Bacteriology

- Bacterial Culture & ID
- Bacterial Kidney Disease

Pathology

- Necropsy
- Histopathology

Parasitology

- Direct Smear Exam
- Internal Parasite Screen
- Whirling Disease

Virology

- 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.

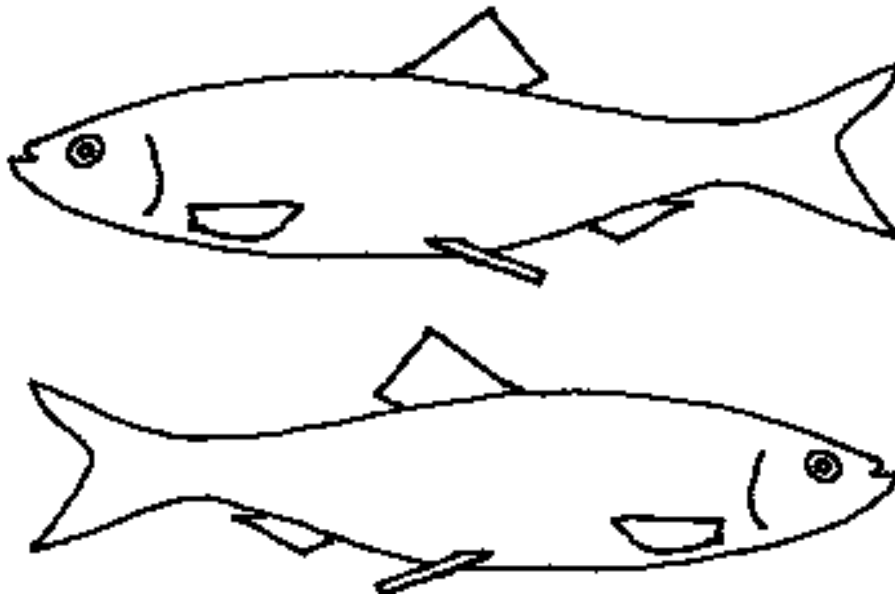
<u>Fish/Lot ID</u>	<u>Species</u>	<u>Age/Size</u>	<u>Specimen Abbreviation</u> <small>(From list above)</small>	<u>Analysis Requested</u>
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

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.



Submitting Veterinarian's Signature
