

# FISH SUBMISSION FORM



## MADISON

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

**E-mail**  
submissions@wvdl.wisc.edu  
**Website**  
[www.wvdl.wisc.edu](http://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?  
 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

Bacterial Culture & ID  
 Bacterial Kidney Disease

### Pathology

Necropsy  
 Histopathology

### Parasitology

Direct Smear Exam  
 Internal Parasite Screen

### Virology

\_\_\_\_\_

Please contact the lab for information if Virology tests are requested

**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> (From list above)	<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.)

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**DESCRIPTION OF LESIONS**

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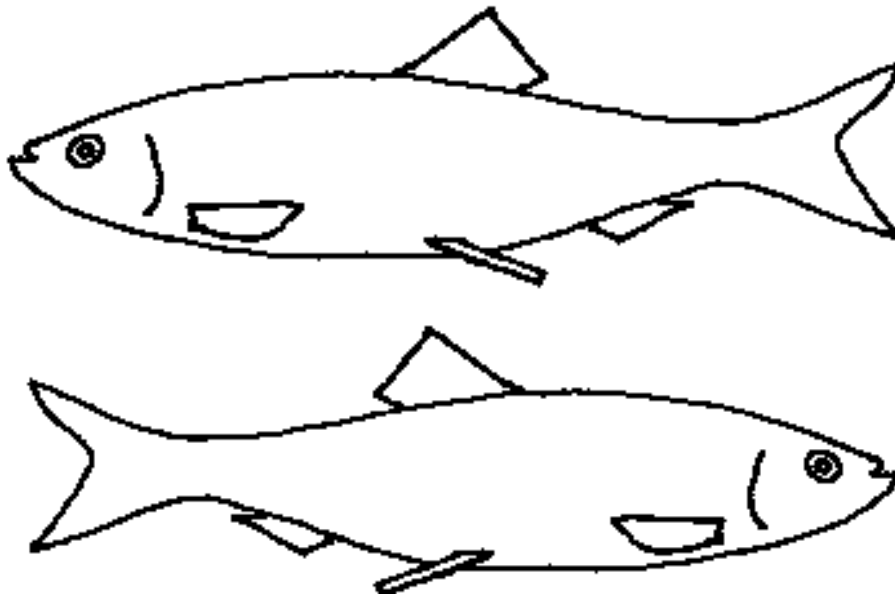
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*Please draw lesions and their locations as best you can.*



**Submitting Veterinarian's Signature**

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