

Fish Submission Form - NOT from Pacific Ocean Watershed



Ministry of Agriculture, Food and Fisheries

ANIMAL HEALTH CENTRE

Ministry of Agriculture, Food and Fisheries
 1767 Angus Campbell Road Abbotsford, BC V3G 2M3
 604-556-3003 1-800-661-9903
 Fax: 604-556-3010 Email: PAHB@gov.bc.ca

For AHC use only

Case #/Coord: _____
 Entered By: _____ Date: _____
 Verified By: _____ Date: _____
 Sent time: _____ PM: _____ SLAB: _____

AAVLD Accredited Laboratory

Please fill in all relevant sections and sign form (* are required, other fields are optional)

***Submitter name:** _____ ***Phone#:** _____

Client reference #: _____ Owner: _____

Fish Location: _____

Veterinarian(s): _____

Report to Name:	Email/Fax:
*#1: _____	* _____
#2: _____	_____
#3: _____	_____
#4: _____	_____
#5: _____	_____
#6: _____	_____
#7: _____	_____
#8: _____	_____

Billing information:

***Company/Name:** _____

Contact Name: _____

***Address:** _____

***City:** _____ ***Postal Code:** _____

***Phone:** _____ **PO #:** _____

***Email:** _____

***Species:** _____

Fish size/age: _____

***Environment:** Freshwater Saltwater

***Euthanized?** No Percussion Chemical

Vaccinated? No Yes Unknown

Date fish sampled: _____

Insurance Claim? Yes No Litigation? Yes No

History

Please concisely describe the reason for sample submission (e.g., clinical signs, environmental conditions, health check, research, etc.).

Condition suspected: _____ Related previous Animal Health Centre case #(s): _____

*Specimen(s) Submitted:	<input type="checkbox"/> Whole animal	Tissues Submitted (if separate):		
	<input type="checkbox"/> Tissues <input type="checkbox"/> Plate	<input type="checkbox"/> Liver	<input type="checkbox"/> Heart	<input type="checkbox"/> Head Kidney
	<input type="checkbox"/> Slide <input type="checkbox"/> Swab	<input type="checkbox"/> Spleen	<input type="checkbox"/> Gill	<input type="checkbox"/> Intestine/ceca
	Other: _____	<input type="checkbox"/> Brain	<input type="checkbox"/> Stomach	<input type="checkbox"/> Testis
		<input type="checkbox"/> Eye	<input type="checkbox"/> Swimbladder	<input type="checkbox"/> Trunk Kidney

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***Services Requested:**

Histopathology # of fish _____; Comments: _____

Molecular diagnostics (PCR); [on lines below, enter # of samples to be tested]

_____ VHSV	_____ IHNV	_____ ISAV	_____ IPNV	_____ SAV
_____ <i>Piscirickettsia salmonis</i>	_____ <i>Paramoeba perurans</i>	_____ PMCV		
_____ <i>Renibacterium salmoninarum</i>	_____ <i>Yersinia ruckeri</i>	_____ Other: _____		
_____ <i>Myxobolus cerebralis</i>	_____ <i>Aeromonas salmonicida</i>	_____ Other: _____		

Comments: _____

Bacteriology; [on lines below, enter # of samples to be tested]

_____ Aerobic culture and sensitivity _____ Aerobic culture only _____ DNA sequencing only

Other/Comments: _____

Virus isolation _____ [# of samples to be tested]; Comments: _____

 Necropsy (whole fresh fish) _____ # of fish; pool up to 5 fish for reporting? Yes

 Other/Comments: _____

 For a full list of tests and fees please visit <http://www.gov.bc.ca/animalhealthcentre>

Specimens submitted become the property of the AHC and are cremated on site following testing. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Health Acts by confirming the diagnosis and notifying the appropriate agencies.

Submitter Declaration under conditions for movement of animals or things to a closed premise facility:

1 – I declare that the specimens have been packaged in new or decontaminated containers and have been packaged to prevent the escape or leakage of contents during transport to the closed premise facility. **Initials:** _____

2 – I declare that the animals or things that I am submitting are not under any restrictions or destruction orders. **Initials:** _____

By initialling above and signing and dating below the submitter is attesting to the stated declarations on this submission form.

***Submitter's Signature:** _____ ***Date:** _____

Please ensure that all required information (indicated by *) is completed. We are not able to begin testing without this information.