Fish Submission Form – Fish NOT from Pacific Ocean Watershed

ANIMAL HEALTH CENTRE

AAVLD—Accredited Laboratory

Ministry of Agriculture, Abbotsford Agricultural Centre
1767 Angus Campbell Road, Abbotsford, BC V3G 2M3
604-556-3003; 1-800-661-9903; Fax: 604-556-3010

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

<table>
<thead>
<tr>
<th>*Submitter name: ____________________  *Phone#: ___________</th>
<th>Billing information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client case #: ____________________  Owner: _________________</td>
<td>*Name: ____________________</td>
</tr>
<tr>
<td>Fish Location: ____________________________________________</td>
<td>*Address: ____________________</td>
</tr>
<tr>
<td>Veterinarian(s): __________________________________________</td>
<td>*City: ________________  *Postal Code: ____________</td>
</tr>
<tr>
<td>Report to Name: ____________________  Email/Fax: ______________</td>
<td>*Phone: ________________  PO#: ________________</td>
</tr>
</tbody>
</table>

*#1: ____________________  *

#2: ____________________  

#3: ____________________  

#4: ____________________  

#5: ____________________  

#6: ____________________  

#7: ____________________  

**Species: ____________________**

Fish size/age: ____________________

*Environment: □ Freshwater  □ Saltwater

*Euthanized? □ No  □ Percussion  □ Chemical

Vaccinated? □ No  □ Yes  □ Unknown

Date fish sampled: ____________________

Insurance Claim? □ Yes  Litigation? □ Yes

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:**

<table>
<thead>
<tr>
<th>□ Whole animal</th>
<th>□ Tissues □ Plate</th>
<th>□ Slide □ Swab</th>
<th>Other: ____________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>□ Liver</th>
<th>□ Heart</th>
<th>□ Head Kidney</th>
<th>□ Trunk Kidney</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Spleen</td>
<td>□ Gill</td>
<td>□ Intestine/ceca</td>
<td>□ Skin/skeletal muscle</td>
</tr>
<tr>
<td>□ Brain</td>
<td>□ Stomach</td>
<td>□ Testis</td>
<td>□ Ovary</td>
</tr>
<tr>
<td>□ Eye</td>
<td>□ Swimbladder</td>
<td>Other: ____________________</td>
<td></td>
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</tbody>
</table>
**Services Requested:**

Histopathology  # of fish_________; Comments:______________________________

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

- VHSV
- IHNV
- ISAV
- IPNV
- SAV
- Piscirickettsia salmonis
- Paramoeba perurans
- PRV
- Renibacterium salmoninarum
- Yersinia ruckeri
- Other:____________________
- Myxobolus cerebralis
- Aeromonas salmonicida
- 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](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 Disease Control 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.