FISH SUBMISSION FORM

BRITISH COLUMBIA Ministry of Agriculture and Food

ANIMAL HEALTH CENTRE
BC Ministry of Agriculture and Food
1767 Angus Campbell Rd.
Abbotsford BC, V3G 2M3

www.gov.bc.ca/animalhealthcentre
AAVLD—Accredited Laboratory
604-556-3003 1-800-661-9903
Fax: 604-556-3010
Email: PAHB@gov.bc.ca

FOR LAB USE ONLY ENTERED: _____ DATE: VERIFIED: _____ DATE: SENT: _____ PM ☐ SER ☐ CASE #: COORD:

* Please ensure all required information (in red with *) is completed. Samples with incomplete forms will not be tested.

CLIENT REFERENCE #: COLLECTED ON: (YYYY/MM/DD) SUBMITTED ON: (YYYY/MM/DD)

☐ Insurance Claim ☐ Possible Litigation

SUSPECT FAD/ZOONOTIC AGENT:

* SUBMITTED BY: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* BILL TO: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* REPORTS TO †: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

† Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.

SUBMITTER AND/OR BILLING: ACCOUNT #:

NAME:

ADDRESS:

CITY: PROVINCE:

ADDITIONAL REPORT EMAIL: POSTAL CODE: PHONE:

ADDITIONAL REPORT EMAIL: EMAIL / FAX:

* OWNER:	PREMISE ID:	VETERINARIAN:	ACCOUNT #:
FARM NAME:		VET CLINIC:	
* ADDRESS:		ADDRESS:	
* CITY:	* PROVINCE:	CITY:	PROVINCE:
* POSTAL CODE:	* PHONE:	POSTAL CODE:	PHONE:
EMAIL / FAX:		EMAIL / FAX:	

*** PHYSICAL LOCATION OF ANIMALS:** ☐ OWNER/FARM ADDRESS (as above) ☐ OTHER LOCATION (specify below with either address or Lat/Long)

ADDRESS: CITY: POSTAL CODE:

LATITUDE: LONGITUDE: UTM ZONE: EASTING: NORTHING:

*** SPECIES:** **AGE:** ☐ D ☐ W ☐ M ☐ Y **SIZE** *(kg/g)*: ***(If by length, specify in History)***

USE/TYPE OF ANIMAL *(select one)*:

OWNED: ☐ Farmed - Land Based ☐ Farmed - Open Water ☐ Farmed - Unknown ☐ Shellfish ☐ Zoo/Aquarium ☐ Pet

FREE-LIVING: ☐ Freshwater ☐ Marine ☐ Shellfish ☐ Unknown

ENCLOSURES/SYSTEMS *(select one)*: ☐ Pond ☐ Flow Through ☐ Cage/Pen ☐ Recirculating System ☐ Other ***(Please specify in History section)***

TOTAL # OF ANIMALS IN GROUP *(number only)*: **# SICK:** **# DEAD:**

*** EUTHANIZED:** ☐ N/A ☐ NO YES → ☐ PERCUSSION ☐ CHEMICAL **DATE ANIMAL DIED:** (YYYY/MM/DD)

TREATMENTS:

☐ Unknown ☐ None ☐ Antibiotics ☐ Anti-inflammatories ☐ Other ***(Please specify in History section)***

VACCINATION STATUS: ☐ Unknown ☐ None ☐ Vaccinated *(Specify)*:

REASON FOR SUBMISSION *(select one)*: ☐ Diagnostic Investigation ☐ Monitoring/Surveillance ☐ Certify/Export/Pre-transfer

☐ Research/Special Project *(if different than Ref.#)*: ☐ Other *(Specify)*:

PRIMARY PROBLEM *(select one)*:

☐ Death/Mortality/Moribund ☐ Poor Production ☐ Gill Disease ☐ Skin/Fins ☐ Other ***(Please specify in History section)***

SAMPLE SOURCE *(select one)*: ☐ Environmental ☐ Individual ☐ Multi-individual ☐ Pooled ☐ Other

HISTORY: Describe clinical signs, date of onset, housing, production level, treatments given, etc. Please ensure any written testing requests are at the top of this field.

CONDITION SUSPECTED: RELATED PREVIOUS AHC CASE #(s):

* Please ensure all required information (in red with *) is completed. Samples with incomplete forms will not be tested.

HISTORY (Continued):

*** SPECIMENS SUBMITTED AND SERVICES REQUESTED** For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca

☐ **Full Necropsy** *For whole animals, includes up to five ancillary tests as selected at the discretion of the duty pathologist*

☐ **Diagnostic Package** *For tissues collected outside of the AHC, includes up to five ancillary tests that will be selected at the discretion of the duty pathologist*

☐ **Include additional tests at pathologist's discretion** *(additional fees may apply)*

Bacteriology	Histopathology	* Samples	* Sent #	Received # Lab Use Only
☐ Aerobic culture and sensitivity	☐ Histopathology	Whole Fish		
☐ Aerobic culture only	☐ Slide Preparation only	Fixed Tissues		
☐ DNA Sequencing only	☐ IHC:	Fresh Tissues		
☐ MALDI ID only	☐ Other Histo:	Bacti Agar Plate		
☐ Other Bacti:	Virology: *(for full list of available isolation tests see fee guide)*	Bacti Media Swab		
	☐ Virus Isolation for:	Dry Swab		
	☐ Electron Microscopy for:	Other *(list below)*:		
	☐ Other Viro:			

Molecular Diagnostics (PCR)		Check off tissue types below	
		Fresh	Formalized
☐ **BKD** – Bacterial Kidney Disease *(Renibacterium salmoninarum)*	☐ **SAV** – Salmon Alphavirus	☐ Brain	☐ Brain
☐ **BO** – Bonamia ostreae - Oyster	☐ **SalH** – Salmonid Herpesvirus 1	☐ Eye	☐ Eye
☐ **CS** – Ceratonova shasta	☐ **SRS** – Salmon Rickettsial Syndrome *(Piscirickettsia salmonis)*	☐ Heart	☐ Heart
☐ **EHN** – Epizootic Haematopoietic Necrosis Virus	☐ **KUDOA** – Salmon Soft Flesh Disease *(Kudoa thyrsites)*	☐ Gill	☐ Gill
☐ **FcoI** – Flavobacterium columnare	☐ **SVC** – Spring Viremia of Carp Virus	☐ Liver	☐ Liver
☐ **IHN** – Infectious Hematopoietic Necrosis Virus	☐ **TSV** – Taura Syndrome Virus	☐ Head Kidney	☐ Head Kidney
☐ **IPN** – Infectious Pancreatic Necrosis Virus	☐ **TMAR** – Tenacibaculum maritimum	☐ Trunk Kidney	☐ Trunk Kidney
☐ **ISA** – Infectious Salmon Anemia Virus	☐ **VHS** – Viral Hemorrhagic Septicemia Virus	☐ Spleen	☐ Spleen
☐ **KHV** – Koi Herpesvirus *(Cyprinid Herpesvirus 3)*	☐ **MYXO** – Whirling Disease *(Myxobolus cerebralis)*	☐ Stomach	☐ Stomach
☐ **LOMA** – Loma salmonae	☐ **WSSV** – White Spot Syndrome Virus	☐ Intestine/Ceca	☐ Intestine/Ceca
☐ **MVis** – Moritella viscosa	☐ **WSHV-1** – White Sturgeon Herpesvirus 1	☐ Skin/Sk. Muscle	☐ Skin/Sk. Muscle
☐ **NOC** – Nocardia seriolae	☐ **WSHV-2** – White Sturgeon Herpesvirus 2	☐ Fins	☐ Fins
☐ **NS** – Nucleospora salmonis	☐ **WSIV** – White Sturgeon Iridovirus	☐ Gonad	☐ Gonad
☐ **NP** – Paramoeba perurans	☐ **YHV** – Yellow Head Virus	☐ Other:	☐ Other:
☐ **PMCV** – Piscine Myocarditis Virus	☐ **YERS** – Yersinia ruckeri		
☐ Other PCR:			

Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre

* Do these fish samples originate from outside the Pacific Ocean Watershed (not species specific)?

☐ NO – If NO, only sign for acknowledgement ☐ YES – If YES, review and initial declarations and sign acknowledgement

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.

* IMPORTANT PLEASE READ: *By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.*

*Submitter's Signature: _____ Date: (YYYY/MM/DD)_____