

Fish Submission Form - Pacific Ocean Watershed



Ministry of Agriculture and Food

ANIMAL HEALTH CENTRE

Ministry of Agriculture and Food
 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 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:	Tissues Submitted (if separate):
<input type="checkbox"/> Whole animal	<input type="checkbox"/> Liver <input type="checkbox"/> Heart <input type="checkbox"/> Head Kidney <input type="checkbox"/> Trunk Kidney
<input type="checkbox"/> Tissues <input type="checkbox"/> Plate	<input type="checkbox"/> Spleen <input type="checkbox"/> Gill <input type="checkbox"/> Intestine/ceca <input type="checkbox"/> Skin/skeletal muscle
<input type="checkbox"/> Slide <input type="checkbox"/> Swab	<input type="checkbox"/> Brain <input type="checkbox"/> Stomach <input type="checkbox"/> Testis <input type="checkbox"/> Ovary
Other: _____	<input type="checkbox"/> Eye <input type="checkbox"/> Swimbladder Other: _____

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

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