



AQUACULTURE SUBMISSION FORM

Animal Diagnostic Laboratory
Penn State University
Wiley Lane
University Park, PA 16802
Ph: 814-863-0837 Fax: 814-865-3907

Accession No.
Data Entry
Case Coordinator
Date Submitted
Case Tracking #
Reference Lab
FOR LABORATORY USE ONLY

Please check if this is a change of address or if you are a new client

OWNER:

Business Name:

Complete Address:

Phone:

County:

Report Distribution Method:

- E-mail
FAX
US Mail
Do Not Send Report

VET/FIELD AGENT:

Business Name:

Complete Address:

Phone:

County:

Report Distribution Method:

- E-mail
FAX
US Mail
Do Not Send Report

BILLING INFORMATION: Please Bill: Owner Veterinarian Submitter Other

ANIMAL INFORMATION:

Species:

Age:

Size:

SPECIMENS SUBMITTED:

Fish (whole):

Ovarian Fluid

Milt

Kidney/Spleen

Fixed Tissue

Fresh Tissue

Other

SUBMITTER:

Name:

Complete Address:

Phone:

County:

Report Distribution Method:

- E-mail
FAX
US Mail
Do Not Send Report

OTHER:

Name:

Complete Address:

Phone:

County:

Report Distribution Method:

- E-mail
FAX
US Mail
Do Not Send Report

SAMPLE INFORMATION:

Date of Collection:

Number of Pools: Number Fish/Pool:

Number of Lots:

Sample IDs:

Type of Media:

**TEST REQUESTS**  
*Complete steps 1, 2, and 3*

**1. Select One:**

- Necropsy (go to step 3)       Test samples at laboratory discretion (go to step 3)       Perform only test(s) requested

**2. Indicate desired tests/procedures:**

**Virology:**

**PCR:**

- Diagnostic Screen (IPN, IHN, VHS, VHS type IVb)
- Diagnostic Screen Pool (3 pools, 5 fish per pool)
- Monitoring with titer (IPN, IHN, VHS, VHS type IVb)
- Monitoring without titer (IPN, IHN, VHS, VHS type IVb)
- KHV (Koi Herpes Virus)
- SVC (Spring Viremia of Carp)
- LMBV (Large Mouth Bass Virus)

- KHV
- LMBV
- SVC
- VHS

**Additional Tests/Comments:**

**3. History: Must be provided with every case**