

Aquaculture Submission Form

**Animal Diagnostic Laboratory
Penn State University
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PennState
College of
Agricultural Sciences

Accession No. _____
Data Entry _____
Case Coordinator _____
Date Submitted _____

FOR LABORATORY USE ONLY

adlhelp@psu.edu <http://vbs.psu.edu/adl>

Owner: _____

Farm/Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Submitter: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Vet/Field Agent: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Other: _____

Business: _____

Address: _____

County: _____

Phone: _____

Report Distribution: Do not send

E-mail: _____

FAX _____ US Mail

Bill to: Account number: _____

Owner Vet Practice Submitter Other:

Invoice by: Fax US Mail Email: _____

Animal Information:

Species: _____

Premises ID#: _____

Premises Address: _____

Age: _____

Size: _____

Date of collection: _____

Number of pools: _____

Number of fish per pool: _____

Number of lots: _____

Sample IDs: _____

Specimens Submitted:

Fish (whole) _____

Ovarian fluid _____

Milt _____

Kidney/Spleen _____

Fixed Tissue _____

Fresh Tissue _____

Other _____

Type of media: _____

TEST REQUESTS

Complete steps 1, 2 and 3

1. Select One: Test samples at laboratory discretion (go to step 3)

Perform only tests requested

2. Indicated desired tests/procedures:

Virus Isolation

- Diagnostic Screen (IPNV, IHNV, VHSV)
- Diagnostic Screen Pool (3 pools, 5 fish per pool)
- Monitoring with titer (IPNV, IHNV, VHSV)
- KHV (Koi Herpes Virus)
- SVCV (Spring Viremia of Carp Virus)
- LMBV (Large Mouth Bass Virus)

PCR Direct

- IPNV
- SVCV
- KHV
- VHSV
- Other: _____

Additional comments:

3. History: Must be provided with every case

Submission forms and additional information may be accessed on our website <http://vbs.psu.edu/adl>