



SUBMISSION FORM - AQUACULTURE

Sample reception-CDEVQ

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LAB USE ONLY

Contact the veterinarian in charge at (450) 773-8521 ext. 8317 or at (450) 278-7515 to ensure its availability before sending any fish

OWNER IDENTIFICATION SAMPLE INFORMATION

Owner's name : _____	Sample taken date : _____ Sample ID : _____		
Compagny name : _____	Preservation : <input type="checkbox"/> Alive (Fresh) <input type="checkbox"/> Recently dead (on ice) <input type="checkbox"/> Frozen <input type="checkbox"/> Fixed		
Address : _____ _____	Facility No.		
	Species		
Phone : _____	Age		
NIM (Required) : _____	Mean weight (g)		
Email : _____	Nb samples submitted		

BEHAVIOR AND CLINICAL SIGNS OF SICKNESS

FIN: <input type="checkbox"/> Erosion <input type="checkbox"/> Redness <input type="checkbox"/> Fungus <input type="checkbox"/> Other : _____ SKIN: <input type="checkbox"/> Pale <input type="checkbox"/> Dark <input type="checkbox"/> Scale loss <input type="checkbox"/> Sores <input type="checkbox"/> Furuncles GILLS: <input type="checkbox"/> Pale <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Other : _____ OPERCULUM: <input type="checkbox"/> Shortened EYES: <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Exophtalmos SPINE: <input type="checkbox"/> Deformed <input type="checkbox"/> Other : _____ TAIL: <input type="checkbox"/> Rot <input type="checkbox"/> Fungus BREATHING: <input type="checkbox"/> Difficult <input type="checkbox"/> Slower <input type="checkbox"/> Faster SWIMMING: <input type="checkbox"/> Circling, swirling <input type="checkbox"/> Surface swim <input type="checkbox"/> At the water inlet <input type="checkbox"/> At the water outlet <input type="checkbox"/> Flashing/Rubbing APPETITE: <input type="checkbox"/> Decreased <input type="checkbox"/> Normal <input type="checkbox"/> None	Additional information about abnormal behavior or observed clinical signs: _____ _____ _____ _____ Treatment and dosage: _____ _____
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INFORMATION ON THE AFFECTED FACILITIES

Facility No.			
Type of facility (circular, pond)			
Dimension or volume (pi³, m³, gal or L)			
Number of fish			
Water flow (Gal/min or L/min)			
Water temperature			
% O2			
NH3 (mg/L)			
Problem starting date			
Mortality/Day			
Total mortality			

REQUESTED TESTS (REQUIRED)

BACTERIOLOGY	PATHOLOGY (ONLY 1 CHOICE)	REFERRAL LAB ANALYSES	OTHER REQUESTED TESTS
<input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> Bacterial culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Strain conservation	<input type="checkbox"/> Complete necropsy <small>Macroscopic and microscopic examination of tissues, bacterial culture, antimicrobial susceptibility, ectoparasites detectuib and fecal matter analysis</small> <input type="checkbox"/> Biopsy <small>Microscopic examination of tissues or histology</small>	<input type="checkbox"/> Alphavirus - PCR <input type="checkbox"/> BKD - PCR <input type="checkbox"/> Mycobacteria - PCR <input type="checkbox"/> NPI - PCR <input type="checkbox"/> Alphavirus - Viral culture <input type="checkbox"/> NPI - Viral culture <input type="checkbox"/> Toxicology (specify): _____	_____ _____ _____

When sending samples to the Diagnostic Service (DS) of the *Faculté de médecine vétérinaire (FMV)*, I thereby agree to transfer them to the institution. I agree hereby, that the information in this application and the results thereof can be used by the DS for purposes such as research, development, statistics and education. Personal information collected on this form will be treated according to the Act respecting access to documents held by public bodies and the protection of personal information (chapter A-2.1).

Client's signature : _____ Date : _____