



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 : _____ _____ Phone : _____ NIM (Required) : _____ Email : _____		Facility No.			
		Species			
		Age			
		Mean weight (g)			
		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 : _____	Additional information about abnormal behavior or observed clinical signs: _____ _____ _____ _____ Treatment and dosage: _____
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	

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			
Problem starting date			
Mortality/Day			
Total mortality			

REQUESTED TESTS			
BACTERIOLOGY <input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> Bacterial culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Strain conservation	PATHOLOGY <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>	REFERRAL LAB ANALYSES <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):	OTHER REQUESTED TESTS _____ _____ _____

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 :