

AQUATIC HEALTH ACCESSION FORM

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University
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Please type or use black ink and print clearly.

Veterinarian/Case Coordinator:		
Clinic: Pacific Region Fish Health Program-USFWS		
Street: 1211 SE Cardinal Court, Suite 100		
City: Vancouver	State: WA	Zip: 98683
Phone:	Fax:	
Date Shipped:	E-mail:	

WADDL USE ONLY

Owner:		
Street:		
City:	State:	Zip:
Phone:	Fax/E-mail:	

Please fill out completely as possible:

Specimen(s) Submitted	Sampling Date:																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Aquatic Tests Requested:</td> <td style="width: 15%;">Necropsy</td> <td style="width: 15%;">Virology</td> <td style="width: 15%;">C. shasta</td> <td style="width: 40%;">Antibiotic Sensitivity</td> </tr> <tr> <td></td> <td>Histopathology</td> <td>BKD ELISA</td> <td>Parasitology</td> <td>Antibiotic of interest: _____</td> </tr> <tr> <td></td> <td>Bacteriology</td> <td>BKD FAT</td> <td>Whirling Disease</td> <td>Other _____</td> </tr> <tr> <td></td> <td>CBA TYE</td> <td></td> <td>PCR</td> <td></td> </tr> </table>	Aquatic Tests Requested:	Necropsy	Virology	C. shasta	Antibiotic Sensitivity		Histopathology	BKD ELISA	Parasitology	Antibiotic of interest: _____		Bacteriology	BKD FAT	Whirling Disease	Other _____		CBA TYE		PCR		
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Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or send specimens to outside laboratories to perform tests not done at WADDL.

Species/Stock	Animal ID or Lot #	Water Temperature	Animal Weight	Age		
Location of Lesion(s)	USFWS Case No.	No. of fish sampled	No. Dead	No. Sick	No. on Premises	Duration of problem

* Was animal euthanized? If so, what method?

Water: Marine / Brackish Freshwater	System: Flow-through Recirculating Net pen	Other _____	Health Testing Diagnostic Testing Pathogen(s) of interest:
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Additional History: Vaccinations, signs, stress factors, treatments, post mortem findings, pertinent feed or feed additives, clinical lab results, previous WADDL Case Numbers. (Attach additional sheets as necessary.)

SAMPLE COLLECTOR:

_____ Print Collector's Name	_____ Collector's Signature
Veterinarian's or Clinician's Signature:	Condition(s) Suspected: