

USFWS WILD FISH HEALTH ACCESSION FORM

Washington Animal Disease Diagnostic Laboratory

Shipping address:
1940 SE Olympia Ave
Pullman, WA. 99164-7034

College of Veterinary Medicine, Washington State University

Web Site: <http://waddl.vetmed.wsu.edu>

Mailing address:

P.O. Box 647034
Pullman, WA. 99164-7034

Phone: (509) 335-9696
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E-Mail: waddl@vetmed.wsu.edu

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

Location (Water Body):	
HUC-8:	GNIS:
Latitude:	Longitude:
County:	State:

Please fill out completely as possible:

Specimen(s)					Sampling Date:
Submitted					
Aquatic Tests Requested:	Necropsy Histopathology PCR <i>PCR ASSAY</i>	Virology BKD ELISA BKD FAT	C. shasta Parasitology Whirling Disease	Bacteriology CBA TYE	Other
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. Samples submitted become the property of WADDL and may be disposed of in 30 days.					
Species/Stock:				Water Temperature:	
USFWS Case Number:		No. of fish sampled:			
Water:	Marine Freshwater	System:	River Stream Lake	Reservoir Other	Pathogen(s) of interest:
Additional History: <i>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.)</i>					
SAMPLE COLLECTOR:					
_____			_____		
Print Collector's Name			Collector's Signature		
Veterinarian's or Clinician's Signature:			Condition(s) Suspected:		