

SAMPLE SUBMISSION FORM FISH DISEASES UNIT

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Submitting company/practice:

Name:
Address:

Submitted by:
Phone No:

LAB USE ONLY

Date received:
LIMS Ref:
LIMS sample no.:
FDU Lab Ref:
Logged by:

Submission details/species: Atlantic salmon Rainbow trout Other _____

Sample Submitted	Tests Required
<p>SERUM <input type="checkbox"/> (please use cool packs)</p> <p>TISSUE <input type="checkbox"/> Please specify:</p>	<p>SAV VN antibody +Virus Isolation <input type="checkbox"/></p> <p>SAV RT-PCR – Single <input type="checkbox"/> / Pooled* <input type="checkbox"/> (___ sample per pool)</p> <p>IPN VN antibody <input type="checkbox"/></p> <p>SAV RT-PCR – Single (RNA Later) <input type="checkbox"/> / Pooled* <input type="checkbox"/> (___ samples per pool)</p> <p>Histology (Formalin) <input type="checkbox"/></p> <p>Virus Isolation <input type="checkbox"/> (Cool pack / Transport Medium)</p> <p><small>*If samples are to be pooled please state number of samples to be included per pool</small></p>

Submission details

Site	Reference	Cage/pond/ raceway	Date sampled	No. submitted
A.				
B.				
C.				
D.				
E.				

Comments/ History:

Copies of report to:

Charge to (if different):

Signed:

Date: