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<u>Submitting company/practice:</u>
Name:
Address:
Submitted by:
Phone No:

<u>Species</u>
<input type="checkbox"/> Atlantic salmon
<input type="checkbox"/> Rainbow trout
<input type="checkbox"/> Other _____

SUBMISSION DETAILS

Site Name	Reference	Cage/pond/ raceway	Date sampled	No. submitted

SERA SUBMISSIONS

	<u>Single</u>	<u>or</u>	<u>Pooled</u>	
SAV VN antibody +Virus Isolation:	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
SAV RT-PCR:	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
IPN VN antibody + Virus Isolation:	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
Biochemistry (<input type="checkbox"/> CPK <input type="checkbox"/> ALT <input type="checkbox"/> LDH):	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
Other:	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)

TISSUE SUBMISSIONS: Tissue type: _____

<u>(RT) PCR</u>	<u>Single</u>	<u>or</u>	<u>Pooled</u>	
SAV	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
Neoparamoeba perurans	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
P.theridion/microsporidia	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
ASPV	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
P. salmonis	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
IPNV	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
ISAV	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)
Other:	<input type="checkbox"/>		<input type="checkbox"/>	(___ per pool)

Comments/ History:
Copies of report to:
Charge to (if different):

Signed: _____

Date: _____

Samples submitted will be analysed in accordance with AFBI's Terms and Conditions for Animal Disease Diagnostic Services which can be found at <https://www.afbini.gov.uk/articles/sample-submission-terms-and-conditions>

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