ADFG FISH PATHOLOGY LABS
SAMPLE SUBMISSION FORM
CASE DATA SHEET

Accession # (to be assigned by Fish Pathology Staff)_________________

DATE RECEIVED AT LABORATORY:______________DATE COLLECTED: _______________

FACILITY/CONTACT PERSON & ADDRESS: ________________________________

BROODYEAR/STOCK/SPECIES (LOT #): ________________________________

LOCATION (Hatchery, water source) WHERE COLLECTED:_____________________

NUMBER OF SAMPLES: _______________SAMPLE TYPE: ____________________

LIFE STAGE: _______________ SEX (if applicable): _______________ WILD: _________

REASON FOR SUBMISSION: (Circle One)
   a) Diagnostic  e) Other (Explain) ____________
   b) Update disease history
   c) Establish new disease history
   d) Family Track for BKD – Date when results needed_______

IF DISEASE OUTBREAK – DATE FIRST NOTICED: ______________________________

PROBLEM HISTORY: _______________________________________________________

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RECENT MEDICATIONS: ___________________________________________________

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Are these samples an FTP requirement? _____YES _____NO

If yes, what is the FTP number? __________________________________________

Alaska Dept. of Fish & Game, CFD - Fish Pathology Labs, Anchorage (907) 267-2392; Juneau (907) 465-3577