

**FISH PATHOLOGY LAB
SAMPLE SUBMISSION FORM**

Date COLLECTED:

Facility/contact person:

Reason for submission:

Lot (Brood Year/Stock/Species):

Number in sample:

Life stage:

Sex if applicable:

Date outbreak noticed:

Problem history:

Recent medications:

Are these samples an FTP requirement?

YES

NO

If YES, what is the FTP number?