

**University of Florida Tropical Aquaculture Laboratory
Fish Disease Diagnostic Lab
CASE HISTORY**

Please return to: 1408 24th Street SE, Ruskin, FL 33570 * Phone (813) 671-5230 * Fax (813) 671-5234

Contact name: _____ Phone: _____
 Company: _____ Cell Phone: _____
 Address: _____ Fax: _____
 _____ E-mail: _____

Please fill out the form completely. This information is necessary for the Laboratory to make the most complete assessment and diagnosis of the problem. Complete a separate form for each batch of fish being submitted. Answer questions only as they pertain to THIS problem and THIS batch of fish being submitted, except for as appropriate in the "Previous Problems" section. Please note that all information provided to the Diagnostic Lab is kept confidential. Please label fish and/or water sample bags with business name, contact name, phone number, fish species, and unit (vat/tank/pond) number or identifier.

Date: _____

What problem(s) are you experiencing? / Why are the fish being submitted?: _____

Species Description

Species: _____ Age/Size Class: Broodstock Sellers Stockers Fry Other _____
 Number of fish initially stocked into **this** individual unit (pond/vat/aquarium/etc.): _____
 When were these fish put into **this current** system: _____
 Where were they stocked from? (pond #, new spawn, other supplier, etc.) _____

System Description

The system is a: Pond Tank Vat Pond/Tank/Vat Number: _____
 The system is: Freshwater (salinity ___ppt) Brackish water (salinity ___ppt) Saltwater (salinity ___ppt)
 Water Source: Ground Spring City Well Other _____
 Is the water degassed or treated before fish are put in it? Yes No
 Type of degassing/treatment (degassing tower, carbon filter, etc.?) _____
 If a vat or tank, is the system: Recirculating Flow-through Other _____
 What is the size of this pond, vat, or tank? (Include units of measure—gallons, feet, etc.) _____
 If a recirculating system, what is the **total** system size (including filters, all tanks, etc.) (in gallons): _____
 What date was this system started? (pond mucked and refilled, recirc system started, flow through vat filled, etc.) _____
 What life support systems (number and size of airstones, type of filter(s), ozone, UV, etc.) does the system have? _____

Have you had any recent system changes/maintenance/events (power failure, temperature changes, etc.): No Yes
 If so, what? _____

Water Quality

How often do you test water quality? Daily Weekly Monthly Once in a while When there is a problem Never
 What kind of kit or meter do you use to test water quality? _____
 What date was the water quality in **this** system last tested? _____

Please give the results from this last water quality test (include unit of measure—°F, °C, ppm, mg/L, etc.):

Water Color	
Temperature	
Dissolved Oxygen	
pH	

Total Ammonia	
Nitrite	
Chloride	
Salinity	

Total Hardness	
Total Alkalinity	

Are you submitting a water sample from this system for testing? No Yes

***Please note: It is recommended that a water sample be submitted with each fish sample.**

Previous Problems

What previous problems have you had with **this** group of fish? _____

Have you had **similar** problems with other batches of this species of fish? No Yes

Have you had **similar** problems with different kinds of fish in this same system? No Yes

Treatments

Please indicate below what treatment **these** fish have been given.

Check here if **NO** treatments have been given to these fish.

Chemical/Drug	In Feed or Water?	How Much?	Concentration or % Active Ingredient	When? (Give all dates for at least last month of treatments)	Why Were They Treated?
Acriflavin					
Copper Sulfate					
Formalin					
Formalin + Malachite Green (QuickCure)					
Furazone Green					
Levamisole					
Methylene Blue					
Metronidazole					
Nitrofurazone					
Oxolinic Acid					
Oxytetracycline or Tetracycline					
Potassium Permanganate					
Praziquantel					
Romet [®]					
Salt					
Other (What?)					

***Please note that any treatments given to fish prior to submission may affect the lab's ability to fully identify the original problem.**

Have you recently used an herbicide in this system? If so, what, how much, and when? _____

Current Problem

How many of **these** fish have died today? _____ How many of **these** fish have died in total? _____

If you are having the same problem with fish in another system, how many have you lost? Today _____ Total _____

What date did you first notice these fish dying or having problems? _____

Is the number of dying fish: Increasing Decreasing About the same

Please note if you have observed any of the following symptoms: Check here if you have not noticed any of the following.

Date First Noticed

<input type="checkbox"/> Flashing/Skipping/Rubbing	
<input type="checkbox"/> Spinning	
<input type="checkbox"/> Piping/Gasping	
<input type="checkbox"/> Hanging at water surface	
<input type="checkbox"/> Lying on bottom of pond/tank/vat	
<input type="checkbox"/> Lying on side	

Date First Noticed

<input type="checkbox"/> Hiding/Isolated	
<input type="checkbox"/> Increased gilling	
<input type="checkbox"/> Decreased gilling	
<input type="checkbox"/> Darker in color	
<input type="checkbox"/> Lighter in color	
<input type="checkbox"/> Other _____	

Are the fish feeding? Yes No I don't know Is their appetite currently: Normal Fair Poor I don't know

What feed(s) are you giving? _____

How much feed are you giving per feeding? _____ How many times a day are you feeding? _____