

Please return to: 1408 24th Street SE, Ruskin, FL 33570 * Email dbpouder@ufl.edu * Fax (813) 671-5234 * Phone (813) 671-5230

Contact name: _____
Company: _____
Physical Address: _____
Billing Address: _____
(If Different)

Cell Phone: _____
Other Phone: _____
Fax: _____
E-mail: _____
DATE: _____

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.

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

Species Description

Species: _____ Age/Size Class: Broodstock Market Fingerlings Fry Other _____
Current Age: _____ Current Average Weight: _____ Current Average Length: _____
Number of fish **initially** stocked into **this** individual unit (pond/tank/etc.): _____
Number of fish **currently** in **this** individual unit (pond/tank/etc.): _____
Date fish put into **this current** system: _____
Where were they stocked from? (fingerling supplier, on-site pond/tank #, new spawn, etc.): _____

System Description

The system is a: Pond Tank Other _____ Pond/Tank Number: _____
The system is: Recirculating Flow-through Biofloc Stagnant (no exchange or periodic water exchange) _____
The system is: Freshwater Brackish water (salinity ___ ppt) Saltwater (salinity ___ ppt)
Water Source: Well Ground (water table) Spring City Other _____
Is the source water degassed or treated before fish are put in it? Yes No
Type of degassing/treatment: Degassing tower/tank Biofilter Carbon filter Chemical additive Other _____
What is the size of this pond/tank? (**include units of measure—gallons, cubic 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.) _____
List **all** life support systems: Mechanical filter (type: _____) Biofilter (type: _____)
 Air pump/blower + stones (stone size: ___ inches x ___ inches) Paddlewheel Degassing unit (type: _____)
 UV Ozone Carbon filter Other _____
Have you had any recent system changes/maintenance/events (power failure, temperature changes, etc.): Yes No
If yes, what? _____

Water Quality

How often do you test water quality? Daily Weekly Monthly Once in a while When there is a problem Never
What do you use to test water quality? Hach test kit Lamotte test kit API test kit Other test kit (brand: _____)
 D.O. meter pH pen/meter Salinity meter Refractometer Other meter (type: _____)
What date was the water quality in **this** system last tested? _____
Please give the results from last water quality test of this pond/tank:

	Result	Time Tested (a.m. / p.m.)
Water Color		
Temperature	° F ° C	
Dissolved Oxygen	mg/L	
Total Ammonia	mg/L	
Nitrite (note if nitrite-nitrogen)	mg/L	
Nitrate (note if nitrate-nitrogen)	mg/L	

	Result	Time Tested (a.m. / p.m.)
pH		
Total Alkalinity	mg/L	
Total Hardness	mg/L	
Salinity	ppt	
Other _____		
Other _____		

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

***Please note: It is recommended that a water sample be submitted with each fish sample. Water used to transport fish to the diagnostic lab cannot be tested. Water for testing must be submitted in a new, clean plastic bag or bottle with no air/oxygen and no fish.**

Previous Problems

Have you had previous problems with **this** group of fish? Yes No If so, what? _____

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

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

Treatments

Please indicate below what treatment(s) have been given to **these (submitted)** fish.

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

Chemical/Drug	How much?	In feed or water?	Concentration or % Active Ingredient	Dates Treated	Why were they treated?
Chloramine-T (Halamid® Aqua)					
Copper Sulfate					
Formalin					
Hydrogen Peroxide (Perox-Aid®)					
Potassium Permanganate					
Salt					
Florfenicol (Aquaflor®)					
Oxytetracycline (Terramycin®)					
Romet®					
Other _____					

***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? Yes No 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 problems with **these** fish? _____ What date did fish begin dying? _____

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

Please note if you have observed any of the following clinical signs: 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	
<input type="checkbox"/> Hiding/Isolated	
<input type="checkbox"/> Other _____	

Date First Noticed

<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"/> Sores/ulcers/lesions on body	
<input type="checkbox"/> Abnormal fins (bloody, ragged, etc.)	
<input type="checkbox"/> Abnormal eyes	
<input type="checkbox"/> Other _____	

Are the fish feeding? Yes No I don't know Their appetite is currently: Normal/Excellent Fair Poor I don't know

Please provide details about the feed these fish are currently being fed:

Feed brand: _____ Protein: _____% Fat: _____% Pellet/Crumble Size: _____

Current **total** feed amount **per day**: _____ lbs Number of times fed per day: _____