

Please return to: 1408 24<sup>th</sup> Street SE, Ruskin, FL 33570 \* Email [dbpouder@ufl.edu](mailto: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  Sellers  Stockers  Fry  Other \_\_\_\_\_  
Current Age: \_\_\_\_\_ Current Average Size: \_\_\_\_\_  
Number of fish **initially** stocked into **this** individual unit (pond/tank/vat/etc.): \_\_\_\_\_  
Number of fish **currently** in **this** individual unit (pond/tank/vat/etc.): \_\_\_\_\_  
Date fish put into **this current** system: \_\_\_\_\_  
Where were they stocked from? (on-site pond/tank #, new spawn, other supplier, etc.): \_\_\_\_\_

**System Description**

The system is a:  Pond  Tank  Vat  Other \_\_\_\_\_ Pond/Tank/ID Number: \_\_\_\_\_  
The system is:  Recirculating  Flow-through  Stagnant (no exchange or periodic water exchange)  Other \_\_\_\_\_  
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/vat/etc.? (**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)  Other aerator (type: \_\_\_\_\_)  UV  Ozone  
 Degassing unit (type: \_\_\_\_\_)  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 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?	% Active Ingredient	Dates Treated	Why Were They Treated?
Acriflavin					
Copper Sulfate					
Diquat					
Dylox					
Formalin					
Formalin + Malachite Green (QuickCure)					
Fenbendazole / Levamisole (circle one)					
Methylene Blue					
Metronidazole					
Potassium Permanganate					
Praziquantel					
Salt					
Erythromycin					
Nitrofurazone / Nitrofuracin Green (circle one)					
Oxolinic Acid					
Oxytetracycline / Tetracycline (circle one)					
<b>Other (What?)</b>					

**\*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

What feed(s) (brand, protein, fat, size) are you giving? \_\_\_\_\_

Current **total** feed amount **per day**: \_\_\_\_\_ Number of times fed per day: \_\_\_\_\_