

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

****NOTE: Please contact laboratory BEFORE submitting samples.****

Shipping Address:
UF Tropical Aquaculture Laboratory
ATTN: Diagnostic Lab
1408 24th Street SE
Ruskin, FL 33570

Phone: (813) 671-5230
Fax: (813) 671-5234
Website: <http://tal.ifas.ufl.edu>
Email: dbpouder@ufl.edu

Clinician:	Clinician Facility/Clinic:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

PLEASE FILL OUT THIS FORM COMPLETELY INCLUDING HISTORY ON REVERSE SIDE. Use separate submission forms for animals involved in different clinical cases. By submitting diagnostic specimens to UF TAL, clients are considered to have agreed to testing procedures and billing. Some tests may be conducted at a referral laboratory with shipping fees and test charges added to the client's bill.

Species	Sampling Date	
Animal Condition at Sampling	<input type="checkbox"/> Live animal <input type="checkbox"/> Euthanized — Method: _____ <input type="checkbox"/> Found dead — Date: _____ Time: _____ Condition of animal: _____	
Specimen(s) Submitted	<input type="checkbox"/> Live animal(s) # _____ <input type="checkbox"/> Fresh tissue(s) <input type="checkbox"/> Original bacterial culture(s) on plate/tube <input type="checkbox"/> Dead animal(s) # _____ <input type="checkbox"/> Frozen tissue(s) <input type="checkbox"/> Bacterial subculture(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Swab(s) # _____ <input type="checkbox"/> Preserved tissue(s)/animal Fixative: _____	
Tissues Sampled	<input type="checkbox"/> Lesion (Location: _____) <input type="checkbox"/> Eye L / R <input type="checkbox"/> Liver <input type="checkbox"/> Posterior kidney <input type="checkbox"/> Swim bladder <input type="checkbox"/> Gill <input type="checkbox"/> Brain <input type="checkbox"/> Spleen <input type="checkbox"/> Stomach/intestine <input type="checkbox"/> Other _____ <input type="checkbox"/> Skin/muscle <input type="checkbox"/> Heart <input type="checkbox"/> Anterior kidney <input type="checkbox"/> Gonad <input type="checkbox"/> Other _____	
Specimen ID(s)		
Test(s) Requested	<input type="checkbox"/> Necropsy* <input type="checkbox"/> Mycobacterial culture <input type="checkbox"/> Virology Virus(es) of concern: _____ <input type="checkbox"/> Parasitology <input type="checkbox"/> Bacterial identification <input type="checkbox"/> Histopathology Stains: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Aerobic bacterial culture <input type="checkbox"/> Antibiotic sensitivity <input type="checkbox"/> Water quality <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Population	Size of group: _____	Number sick: _____
Water	Temperature at time of sample collection: _____ <input type="checkbox"/> Freshwater <input type="checkbox"/> Brackish (Salinity: _____) <input type="checkbox"/> Marine (Salinity: _____)	System: Pond/tank #: _____ <input type="checkbox"/> Production pond <input type="checkbox"/> Flow-through tank <input type="checkbox"/> Recirculating system <input type="checkbox"/> Home pond <input type="checkbox"/> Home aquarium <input type="checkbox"/> Other _____

*Standard necropsy includes gross exam, external & internal wet mounts, and bacterial culture of brain and posterior kidney

List any treatments and/or vaccinations including drug, dosage, duration, and method of administration (feed, bath, injection, topical) within last 4 weeks:

Additional History / Provisional Diagnosis (signs, stress factors, post-mortem findings, pertinent feed or feed additives, previous clinical lab results, etc.):

Special Instructions:

TAL LAB USE ONLY

Case #: _____

Date received: _____

Days in transit: _____

SHIPPING:

- FedEx/UPS AM delivery
- FedEx/UPS PM delivery
- USPS
- Hand delivered
- Other _____

REFRIGERANT:

- Yes No
- Frozen
- Thawed

SPECIMEN CONDITION:

- Good
- Autolyzed
- No ID on sample(s)
- Leaking
- Crushed
- Warm / Hot
- Other _____