fish health unit.

Animal Health Laboratory
165 Westbury Road, Prospect, Launceston, TAS 7250
Tel 03 6777 2111 **Fax** 03 6344 3085
Email specimenreception@dpipwe.tas.gov.au

Tasmanian Government

SUBMITTER DETAILS

Organisation
Name.....
Address.....
Town.....
Phone..... Fax.....
Email.....

Submitter
Name.....

Vet Adviser/Copy to.....

Farm Site
Name or Lease ID……..…

PIC Number……..……

Laboratory use

Serial No. Date Received / /

Charge Code | Case Manager

Presenting Signs | Examination

Section Charge Codes

- ☐ Pathology
- ☐ Microbiology
- ☐ Molecular
- ☐ Virology
- ☐ Parasitology
- ☐ Clin Chem

FISH DETAILS

Species ……..…….. **Fish size** ……..…..……g/kg/mm **Population size**……..……..

Sex Male ☐ Female ☐ Unknown ☐ Mixed ☐ Triploid ☐ **Vaccinated** No ☐ Yes ☐ **Vaccination date**…..……..……

Selective breeding program ☐ **Smolt** ☐ **OSS** ☐ **Vaccine(s)** ……..……..……..……

DISEASE HISTORY

Stress factors ☐ acclimatization ☐ maturation ☐ overcrowding ☐ temperature ☐ transport ☐ diet change ☐ algae ☐ grading ☐ anoxia **Other** (specify) .....

Water data temperature…..…°C pH..... freshwater ☐ seawater ☐ tidal ☐ subtidal ☐ brackish ☐ salinity…..…..‰

Signs of disease

☐ no signs ☐ sudden death ☐ loss of balance ☐ wasting/ pin head ☐ fin/tail rot ☐ skin lesion/ ulcer ☐ gill lesion/ nodule/patch ☐ pop eye/ blood spot
☐ muscle lesion ☐ swollen kidney ☐ kidney nodules ☐ peritonitis ☐ tumour **Other**……..……..……

Submission type: ☐ Health Surveillance Program ☐ Government Investigation ☐ Company Investigation ☐ Certification

History ☐ Minor Problem ☐ Major Problem Duration of problem ……days/weeks No. cages/tanks/racks affected ……..

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Provisional Diagnosis ……..

SAMPLES SUBMITTED

Date samples collected …… **Cage/tank/rack no. sampled** ……..... **No. fish sampled** ……..

Sample	No.
Formalin fixed tissue	
Fresh tissue	

Sample	No.
Culture plates/medium	
Bacteriology smears	

Sample	No.
Whole animals	
Virology samples	

Sample	No.
Molecular samples	
Other	