

Infectious Diseases Laboratory

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www.idl-uga.com or www.vet.uga.edu/idl



FISH SUBMISSION FORM

For Laboratory Use Only

SUBMISSION NO: _____

Date Received: _____

Doctor's Name: _____ Phone: (____) _____

Hospital: _____ FAX: (____) _____

Address: _____ Dedicated FAX? Yes No

City: _____ State: _____ Zip: _____

Please fill in the information requested and Print Clearly. The sample(s) required and the prices are listed with each test. Circle the test(s) requested and circle the sample(s) to be run for each test.

OWNER: _____ SAMPLE DATE: _____

Patient ID: _____ Species: _____ Breed: _____ Age: _____ Sex: _____

HISTORY and CLINICAL SIGNS (please include recent water quality, new animals, etc...):

Koi Herpes Virus	DNA Probe screening test	\$29.00	Fish Virus Isolation (in tissue culture)	\$76.00
Swab of cut tissues			Refrigerated fresh or frozen tissue	
Additional sample and handling fee if whole fish received		\$31.00		
			Culture and Sensitivity	\$50.00
			LIST TISSUE(S) SAMPLED	

My signature certifies that I have read and understand the instructions given for sample submission. Additionally, I accept that the records of the Infectious Diseases Laboratory of the University of Georgia's College of Veterinary Medicine are confidential to the extent allowed by the law and the policies of the University of Georgia as defined by the Board of Regents. No results can be given by telephone. In no event shall the Infectious Diseases Laboratory, the personnel of the Infectious Diseases Laboratory, the College of Veterinary Medicine, the University of Georgia, the Board of Regents nor the State of Georgia be liable for incidental, consequential, special or other damages arising from the testing of sample(s) or the providing of test results.

Veterinarian's Signature -Required for sample testing.