

**Infectious Diseases Laboratory**

110 Riverbend Rd

Riverbend North, Rm. 150

University of Georgia

Athens, GA 30602

Phone: (706) 542-8092 FAX: (706) 583-0843

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**  
Swab of cut tissues**DNA Probe screening test**

\$29.00

**Culture and Sensitivity**  
**LIST TISSUE(S) SAMPLED**

\$50.00

**Additional sample and handling fee if whole fish received**

\$31.00

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.