

Application of examination - Fishes

Date:

MicroBioS No. /
added by the lab

Client:	Invoice to:	Client
Adresse:	other:	
phone/FAX:	Report to:	
E-mail:		
PO-No.:		

Reference No.		no. of sampled animals			Control examination (KU)
Animal No. /ID		Age			Entrance examination (EU)
Species/ strain		Sex	m: w:		Special examination (SU)
Facility/ origin		Sentinel	Yes: no:		Quarantine (QU)

Sample material (please tick where appropriate):							
<input type="checkbox"/>	Animal (complete fish)	<input type="checkbox"/>	Organ*	<input type="checkbox"/>	Swab*	<input type="checkbox"/>	Others*
* please specify (which material / organ, origin of swab):							
Analytical parameters (please tick where appropriate):							
MicroBioS-Packages:							
<input type="checkbox"/>	Basic Package	Mycobacteria [PCR] (M. marinum, M. chelonae, M. haemophilum); Bacteria [culture] (E. ictaluri, A. sobria, A. hydrophila, S. putrefaciens, P. aeruginosa, P. fluorescens, P. shigelloides; Parasites [microscope] (I. multifiliis, P. tomentosa, P. pillulare)					
<input type="checkbox"/>	Additional Mycobacteria	M. fortuitum [PCR]					
<input type="checkbox"/>	Additional Bacteria	F. columnare, additional bacteria [culture]					
<input type="checkbox"/>	Additional Parasites	P. neurophilia [PCR]					
Single Analyses:							
<input type="checkbox"/>	Mycobacteria 1 [PCR] (M. marinum, M. chelonae, M. haemophilum)	<input type="checkbox"/>	Mycobacteria 2 [PCR] (M. fortuitum)				
<input type="checkbox"/>	Pseudoloma neurophilia [PCR]	<input type="checkbox"/>	Basic Bacteriology [culture] (parameters see Basic Package)				
<input type="checkbox"/>	Histopathology	<input type="checkbox"/>	Additional Bacteriology [culture] (F. columnare, add. bacteria)				
<input type="checkbox"/>	Others:						

<u>Remarks</u>	Is the animal in experiment	yes <input type="checkbox"/>	no <input type="checkbox"/>
Reason for examination:			
Observed symptoms:			
Others:			

Sample identification	Room/Tank	Animal No. / animal ID	Age	Remarks

Date / Signature: