

Zebrafish International Resource Center Health Services



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 Eugene, Oregon 97403-5274
 (541) 346-6028 ext. 14,
 Fax: (541) 346-6151 Email:
 fish_health@zebrafish.org

FOR LAB USE ONLY

Case No.: _____

Date Received: _____

Cond. Rec'd: _____

**REQUEST FOR LABORATORY EXAMINATION: Please complete this form and submit with samples.
 Pathology Submission Form (Page 1 of 2)**

<p>Contact Information</p> <p>Name: _____</p> <p>PI Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p> <p>Alternative contact name: _____</p> <p>Alternative email: _____</p>	<p>Billing Information P.O. # _____</p> <p>Credit Card Payment: <input type="checkbox"/> VISA, <input type="checkbox"/> Master Card, <input type="checkbox"/> Discover</p> <p>Billing Name: _____</p> <p>Billing Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____ FAX: _____</p> <p>Funding <input type="checkbox"/> NIH Funded, NIH Grant # _____</p> <p>Source: <input type="checkbox"/> Other academic <input type="checkbox"/> Commercial</p>
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<p>Facility Water and Environmental Parameters</p> <p>Water System(s):</p> <p><input type="checkbox"/> Flow through system (single use, not recirculating)</p> <p><input type="checkbox"/> Static aquariums</p> <p style="padding-left: 20px;">Filtration? _____</p> <p><input type="checkbox"/> Recirculating, (reuse after filtration) multiple tank system</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> AHAB Benchtop</td> <td style="width: 50%; border: none;"><input type="checkbox"/> AHAB Z-Plex</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Aquaneering</td> <td style="border: none;"><input type="checkbox"/> Aqua Schwarz</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Marine BioTech Z-Mod</td> <td style="border: none;"><input type="checkbox"/> Pharmacal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tecniplast ZebTEC</td> <td style="border: none;"><input type="checkbox"/> Thoren Aquatics</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>Number of separate water systems: _____</p> <p>Total water volume of each system: _____</p> <p>Volume of water exchanged per day: _____</p> <p>Number of tanks in facility: _____</p> <p>Approx. number of fish in facility: _____</p> <p>Water source:</p> <p><input type="checkbox"/> Chemically dechlorinated tap water</p> <p><input type="checkbox"/> Carbon dechlorinated tap water</p> <p><input type="checkbox"/> Distilled/deionized water</p> <p><input type="checkbox"/> Reverse osmosis (RO)</p> <p><input type="checkbox"/> Other _____</p> <p>Water additives and dosing method (i.e. by hand, automated)</p> <p><input type="checkbox"/> Salts _____</p> <p><input type="checkbox"/> Buffers _____</p> <p><input type="checkbox"/> Other Additives _____</p> <p>Water Sterilization Method:</p> <p><input type="checkbox"/> UV irradiation <input type="checkbox"/> Submicron Filtration</p> <p><input type="checkbox"/> None <input type="checkbox"/> Other: _____</p> <p>Source(s) of fish in facility (mark all that apply):</p> <p><input type="checkbox"/> ZIRC/ZFIN</p> <p><input type="checkbox"/> Other Labs/Researchers</p> <p><input type="checkbox"/> Scientific supplier</p> <p><input type="checkbox"/> Pet store or fish farm</p> <p><input type="checkbox"/> Other _____</p>	<input type="checkbox"/> AHAB Benchtop	<input type="checkbox"/> AHAB Z-Plex	<input type="checkbox"/> Aquaneering	<input type="checkbox"/> Aqua Schwarz	<input type="checkbox"/> Marine BioTech Z-Mod	<input type="checkbox"/> Pharmacal	<input type="checkbox"/> Tecniplast ZebTEC	<input type="checkbox"/> Thoren Aquatics	<input type="checkbox"/> Other _____		<p>Do you raise fish from embryos <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <p>Quarantine Procedures:</p> <p><input type="checkbox"/> Sanitized embryos only <input type="checkbox"/> Isolation & observation</p> <p><input type="checkbox"/> None <input type="checkbox"/> Other: _____</p> <p>Stocking density (# fish/liter): _____</p> <p>History of disease or adverse water quality <input type="checkbox"/> Yes, <input type="checkbox"/> No</p> <p>If yes, describe _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Parameter</th> <th style="text-align: left;">Value</th> <th style="text-align: left;">Meter</th> <th style="text-align: left;">Test Kit</th> <th style="text-align: left;">Brand</th> </tr> </thead> <tbody> <tr> <td>Water temperature:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>pH:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Dissolved Oxygen:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Ammonia:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Nitrites:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Nitrates:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Carbonate Hardness:</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>General Hardness: (Ca²⁺, Mg²⁺)</td> <td></td> <td colspan="3"> <input type="checkbox"/> Soft (0-75 ppm as CaCO₃) <input type="checkbox"/> Mod. Hard (75-150 ppm as CaCO₃) <input type="checkbox"/> Hard (150-300 ppm as CaCO₃) <input type="checkbox"/> Very Hard (300+ ppm as CaCO₃) </td> </tr> </tbody> </table> <p>Conductivity: _____</p> <p>Flow rate (tank turnovers/hour or day): _____</p> <p>Lighting schedule (hours lights on/lights off): _____ / _____</p> <p>Aeration: In Tanks <input type="checkbox"/> Sump <input type="checkbox"/> <input type="checkbox"/> None</p> <p>Diet: _____</p> <p>_____</p> <p>Number of feedings/day _____</p> <p>Equipment Cleaning Procedures:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Check all that apply:</td> <td style="border: none; text-align: center;"><u>Tanks</u></td> <td style="border: none; text-align: center;"><u>Nets</u></td> <td style="border: none; text-align: center;"><u>Other</u></td> </tr> <tr> <td style="border: none;">Autoclave</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Bleach</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Hot water wash</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">None</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Other chemical wash/soak</td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> <td style="border: none; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>If other, describe: _____</p>	Parameter	Value	Meter	Test Kit	Brand	Water temperature:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	pH:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dissolved Oxygen:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ammonia:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nitrites:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Nitrates:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Carbonate Hardness:	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	General Hardness: (Ca ²⁺ , Mg ²⁺)		<input type="checkbox"/> Soft (0-75 ppm as CaCO ₃) <input type="checkbox"/> Mod. 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