

**Infectious Diseases Laboratory****110 Riverbend Rd****Riverbend North, Rm. 150****University of Georgia****Athens, GA 30602****Phone: (706) 542-8092 FAX: (706) 583-0843****<http://idl-uga.com> or <http://www.vet.uga.edu/SAMS/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...):**

<b><u>Koi Herpes Virus</u></b>	<b>DNA Probe screening test</b>	<b>\$28.00</b>	<b>Fish Virus Isolation</b> (in tissue culture)	<b>\$75.00</b>
Swab of cut tissues			Refrigerated fresh or frozen tissue	
<b>Additional sample and handling fee if whole fish received</b>		<b>\$30.00</b>		
			<b>Culture and Sensitivity</b>	<b>\$40.00</b>
			<b>LIST TISSUE(S) SAMPLED</b>	
<b>Necropsy, Histopathology and Culture</b>		<b>\$135.00</b>		
<b>Necropsy and Histopathology</b>		<b>\$115.00</b>		
<b>Histopathology (More than 1 tissue) – List tissues enclosed</b>		<b>\$65.00</b>		
<b>Histopathology (1 tissue) - List tissue enclosed</b>		<b>\$50.00</b>		

**PAYMENT and REPORTING:** A bill will be sent at the end of the month for all tests received during that calendar month unless payment is received with sample. We can not accept credit cards for payment. Checks should be made to the Infectious Diseases Laboratory. Results will be sent to a secure FAX machine if a FAX number is given or returned by first class mail. The receiver accepts responsibility for the security of the receiving FAX machine.

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ PO: \_\_\_\_\_

Billing Name and/or Address if different from above.

Veterinarian's Signature -Required for sample testing.

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.