

ZEBRAFISH SERVICES SUBMISSION FORM

www.idexxbioresearch.com email: idxxbioresearch@idexx.com

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

Toll Free: 800-544-5205 Opt.1
Customer Service: 573-499-5700
Fax: 573-499-5701

SUBMITTER INFORMATION:

Name: _____
Institution / Firm: _____
Address: _____

City: _____ State: _____ Zip: _____
Country: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

BILL TO:

Institution / Firm: _____
Attention: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
E-mail: _____
PO Number: _____

Quote # (if applicable): _____
Case report will be sent to the e-mail address provided above.

Invoice Type: Emailed Mailed Faxed
Payment information is required in order to ensure prompt processing of samples.

USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES

Shipping date: _____ Total # of Samples _____ Pooled _____ Are these animals immunocompromised? Yes ___ No ___

Sample type: ___ Frozen fish ___ Live fish ___ Fixed fish (_____) ___ Environmental ___ Embryos ___ Feed/Culture
(Please specify fixative)

PROFILES

- Zebrafish *Mycobacterium* PCR Profile
- Zebrafish Essential PCR Profile
- Zebrafish Comprehensive PCR Profile

HISTOLOGY/PATHOLOGY/MICROBIOLOGY

- Zebrafish Histologic Slide Preparation (H&E and Acid Fast Stains)
- Zebrafish Pathology (Interpretation of H&E and Acid-Fast stained slides)
- Diagnostic Microbiology

INDIVIDUAL PCR ASSAYS

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> <i>Edwardsiella ictaluri</i> | <input type="checkbox"/> <i>Mycobacterium abscessus</i> | <input type="checkbox"/> <i>Mycobacterium marinum</i> | <input type="checkbox"/> <i>Pleistophora hyphessobryconis</i> |
| <input type="checkbox"/> <i>Flavobacterium columnare</i> | <input type="checkbox"/> <i>Mycobacterium chelonae</i> | <input type="checkbox"/> <i>Mycobacterium peregrinum</i> | <input type="checkbox"/> <i>Pseudocapillaria tomentosa</i> |
| <input type="checkbox"/> <i>Ichthyophthirius multifiliis</i> | <input type="checkbox"/> <i>Mycobacterium fortuitum</i> | <input type="checkbox"/> <i>Piscinoodinium pillulare</i> | <input type="checkbox"/> <i>Pseudoloma neurophilia</i> |
| <input type="checkbox"/> ISKNV (Infectious spleen and kidney necrosis virus) | <input type="checkbox"/> <i>Mycobacterium haemophilum</i> | | |

and/or OTHER TESTS _____

| | FISH/SAMPLE ID | INVESTIGATOR | STRAIN | ROOM # | RACK | TANK | OTHER _____ |
|----|----------------|--------------|--------|--------|-------|-------|-------------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Are you aware of any potential human health hazards associated with these specimens? Yes ___ No ___

If yes, please describe _____

HISTORY/CLINICAL SIGNS: (This information will appear on page 1 of report)

