

**Zebrafish Services
Submission Form**

Ship samples to:
4011 Discovery Drive
Columbia, MO 65201

www.idexxbioanalytics.com
email: idexxbioanalytics@idexx.com
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: _____
Email: _____
Quote # (if applicable): _____

Case report will be sent to the e-mail address provided above.

BILL TO:

Institution / Firm: _____
Attention: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____
Fax Number: _____
Email: _____
PO Number: _____

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 hypohessobryconis</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

yes, please state nature _____

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

