

# AQUATIC ANALYSIS SUBMISSION FORM

Sampling date :

## VETERINARIAN

E-mail : .....

## FARM/PRODUCING UNIT

E-mail : .....

RESULTS :      FARM            VETERINARIAN     

INVOICING :      FARM            VETERINARIAN     

If different, please give the complete address : .....

VAT number .....

### Sample identification

*Results are sent to the fish farm and/or to the veterinarian by E-mail.  
If any other duplicate is needed, please give the E-mail address*

.....

<b>Species</b>		<b>Age</b>		<b>Weight</b>	
<b>Breeding water</b>	<b>Natural water</b>	<b>Sea water</b>	<b>Water temperature</b>		

<b>Beginning of clinical signs</b>		<b>% Mortality</b>			
<b>Nature of clinical signs</b>		<b>% Affected individus</b>			
<b>SAMPLE</b>	<b>Larvae</b>	<b>Fry</b>	<b>Juvenile</b>	<b>Adult</b>	<b>Other .....</b>
	<b>Spat</b>	<b>Head</b>	<b>Eyes</b>	<b>Brain</b>	<b>Blood Nb.....</b>

<input checked="" type="checkbox"/>	<b>Analytical test requested</b>
<input type="checkbox"/>	<b>Nodavirus Real time PCR</b>
<input type="checkbox"/>	<b>Nodavirus ELISA (Sea bass)</b>
<input type="checkbox"/>	<b>KHV Real time PCR</b>
<input type="checkbox"/>	<b>OsHV1 (OysterHerpes Virus)</b>

**Samples must be sent to :**



4 bis, rue Th. Botrel  
B.P. 351  
22603 Loudéac Cedex  
**Tél. : 33 (0)2 96 28 63 43**  
Fax : 33 (0)2 96 66 08 88  
[labofarm@finalab.fr](mailto:labofarm@finalab.fr)

**Your contact : Dr Pierre-Yves MOALIC**