### AQUATIC SPECIES

**GENERAL INFORMATION:**
- Submission Date: ___________________________ Protocol Number: ___________________________
- Direct charge number required for billing: ___________________________
- College/Department: (CALS, GRAD, SMPH, L&S, SVM) Lab Animal Veterinarian: ___________________________

**LABORATORY INFORMATION:**
- Investigator: ___________________________ Lab Contact Person: ___________________________ Facility Contact: ___________________________
- Telephone: ___________________________ Email: ___________________________

**ANIMAL INFORMATION:**
- Species: ___________________________ Strain/Breed: ___________________________ Bio level: __________
- No. ______ Age: __________ Sex: M or F ID: __________ Animal Room No: __________
- Specimen Submitted: ___________________________
- Live [ ] Dead [ ] Euthanized [ ] Method and drug used: ___________________________
- Date & time of Death: ___________________________
- Experimental procedures, drugs, diet and/or transgene/mutation: ___________________________

**History**
- Freshwater [ ] Marine [ ] System Size: ______ gal Number of animals in system: __________
- How long has system been set up? ___________________________ Temperature: ___________________________
- Water Source: ___________________________ Water appearance: ___________________________ Last water change: ___________________________
- Appearance/behavior/appetite change, etc.: ___________________________
- Recently, have more animals of a similar age and/or class died showing similar signs of illness (if “yes, explain)? ___________________________
- Are there any new introductions (if so when)? ___________________________
- Treatments and dates: ___________________________

**Weight(s):**
- DO: ______ mg/l Temp.: ______ pH: ______
- Ammonia: ______ mg/l Nitrites: ______ mg/l Salinity: ______ mg/l
- Hardness: ______ mg/l Alkalinity: ______ mg/l Chlorine: ______ mg/l

<table>
<thead>
<tr>
<th>Bacteriology</th>
<th>Parasitology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tissues desired: ___________________________</td>
<td>__ External __ Fecal __ Gills __</td>
</tr>
<tr>
<td>Antibiotic Susceptibility: ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mycology</th>
<th>Necropsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tissues desired: ___________________________</td>
<td>__ History (tissue) ___________________________</td>
</tr>
<tr>
<td>“Skin” Examination: ___________________________</td>
<td>__ Other ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cytology</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
</tr>
</tbody>
</table>

**For Internal Use Only:**
- Diagnostic or Research or Intensive iLabs Number: ___________________________
- Copy Made: ______ Start time: ______ End Time: ______
- Clean Up Estimate: ______ Assistant: ______ Pathologist: ______ Trim During: Yes or No
- Circumstances: ___________________________