

USFWS WILD FISH HEALTH ACCESSION FORM

Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University

Shipping address:
1940 SE Olympia Ave
Pullman, WA 99164-7034

Website: <http://waddl.vetmed.wsu.edu>
Mailing address:
P.O. Box 647034
Pullman, WA. 99164-7034

Phone: (509) 335-9696
FAX: (509) 335-7424

Please type or use black ink and print clearly

Veterinarian/Case Coordinator: Laura Sprague	
Clinic: Pacific Region Fish Health Program- USFWS	
Street: 211 SE Cardinal Court, Suite 100	
City: Vancouver	State: WA Zip: 98683
Phone: 360-688-4233	Email:
Date Shipped:	

Location (Waterbody):		Water: <u>Marine</u>
HUC 8:	GNIS:	<u>Fresh</u>
Latitude:	Longitude:	System: <u>River</u>
County:	State:	<u>Stream</u>
USFWS Case Number:		<u>Lake</u>
Sample Date:	Water Temp:	<u>Reservoir</u>
Pathogens of interest:		<u>Other</u>



Sample ID:	Species	# pools/ # fish per pool:	Tissues:	Tests:	Notes:
			K/S	Virology	Bact CBA
			KID	BKD DFAT	ELISA
			Heads	WD	
			K/S	Virology	Bact CBA
			KID	BKD DFAT	ELISA
			Heads	WD	
			K/S	Virology	Bact CBA
			KID	BKD DFAT	ELISA
			Heads	WD	
			K/S	Virology	Bact CBA
			KID	BKD DFAT	ELISA
			Heads	WD	

Sample Collector: _____
Print Name

Collector's Signature