

AQUATIC HEALTH ACCESSION FORM
Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University
 waddl.vetmed.wsu.edu

WADDL
USE
ONLY

US Postal Service mailing address:
 PO Box 647034
 Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address:
 1940 SE Olympia Ave.
 Pullman, WA. 99164-7034

Phone: (509) 335-9696
 FAX: (509) 335 7424
 Email: waddl@vetmed.wsu.edu

DO NOT SHIP FEDEX GROUND

Check if either applies:

☐ **International Health Export** ☐ **Single-Page Result Certificate** (\$10 Fee)

Please type or use black ink and print clearly.

Veterinarian or Sample Collector:	Last Name:	First Name:	Accreditation #:
Clinic:			
Street address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Fax:	E-mail:	

Owner:	APHIS Premise ID:
Street address:	City: State: Zip:
Mailing Address:	City: State: Zip:
Phone:	Fax: E-mail:

Billing: (Select one billing preference) ☐ Animal Owner ☐ Veterinarian
 Reporting: (Select all reporting preferences) ☐ Animal Owner ☐ Veterinarian

Please fill out completely as possible. Please use the Identification Sheet for Multiple Animals (page 2) for submissions with more than one animal.

Test Method or Testing Section Requested: <i>If specific test is known, please list in the Test(s) Requested below.</i> <input type="checkbox"/> Standard Histopathology <input type="checkbox"/> Necropsy <input type="checkbox"/> Bacteriology <input type="checkbox"/> Virology <input type="checkbox"/> Urgent Histopathology <input type="checkbox"/> PCR <input type="checkbox"/> Parasitology <input type="checkbox"/> Other: _____					
Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples submitted become the property of WADDL and may be disposed of in 30 days.					
Animal ID/Tag #/Lot #: <i>For multiple, see Page 2.</i>	Species/Breed	Water Temperature	Animal Weight	Age	
Location of Lesion(s)	No. in group	No. Dead	No. Sick	No. on Premises	Duration of Problem
* Was animal euthanized? If so, what method?			Sampling Date:		
Water: <input type="checkbox"/> Marine/Brackish <input type="checkbox"/> Freshwater	System: <input type="checkbox"/> Flow-through <input type="checkbox"/> Recirculating	<input type="checkbox"/> Net pen	Other: _____		
Tissue	Type (Fresh, Fixed, Culture, Slides)	Test(s) Requested	# of pools/ # of fish per pool		
Additional History: <i>Include vaccination status, symptoms, stress factors, treatments, postmortem findings, feed or feed additives, clinical lab results, previous WADDL case numbers and conditions suspected. Attach additional sheets as needed.</i>					
SAMPLE COLLECTOR: _____ <div style="display: flex; justify-content: space-between;"> Print Collector's Name Sample Collector's Signature </div>					

IDENTIFICATION SHEET FOR MULTIPLE ANIMALS

Online submissions through the client portal are preferred, please see our *Submit a Sample page* on our website for additional information.

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Website: <http://waddl.vetmed.wsu.edu>

Owner: _____

Veterinarian: _____

Test(s) Requested: _____

Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name
1	_____	26	_____	51	_____	76	_____
2	_____	27	_____	52	_____	77	_____
3	_____	28	_____	53	_____	78	_____
4	_____	29	_____	54	_____	79	_____
5	_____	30	_____	55	_____	80	_____
6	_____	31	_____	56	_____	81	_____
7	_____	32	_____	57	_____	82	_____
8	_____	33	_____	58	_____	83	_____
9	_____	34	_____	59	_____	84	_____
10	_____	35	_____	60	_____	85	_____
11	_____	36	_____	61	_____	86	_____
12	_____	37	_____	62	_____	87	_____
13	_____	38	_____	63	_____	88	_____
14	_____	39	_____	64	_____	89	_____
15	_____	40	_____	65	_____	90	_____
16	_____	41	_____	66	_____	91	_____
17	_____	42	_____	67	_____	92	_____
18	_____	43	_____	68	_____	93	_____
19	_____	44	_____	69	_____	94	_____
20	_____	45	_____	70	_____	95	_____
21	_____	46	_____	71	_____	96	_____
22	_____	47	_____	72	_____	97	_____
23	_____	48	_____	73	_____	98	_____
24	_____	49	_____	74	_____	99	_____
25	_____	50	_____	75	_____	100 *	_____

*For over 100 samples, please copy this form and continue numbering.