USFWS PACIFIC REGION 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
DO NOT SHIP FEDEX GROUND

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

Please type or use black ink and print clearly.

Submitter: Last Name:	First Name:
Client:	
Phone:	E-mail:

Sample Source:	USFWS Case #:	Tracking #:
Species:	Age:	ID # or Lot #:
Diagnostic ☐	Health Inspection ☐	Collection Date:

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: *If specific test is known, please list in the Test(s) Requested below.*

☐ *Standard Histopathology* ☐ *Necropsy* ☐ *Bacteriology* ☐ *Virology* ☐ *ELISA*
☐ *Urgent Histopathology* ☐ *PCR* ☐ *Parasitology* ☐ *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.

Tissue	Type (Fresh, Fixed, Culture, Slides)	Test(s) Requested (Specify CBA or TYE for Bacteria)	# of pools/ # of fish per pool

Additional History: *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.*

SAMPLE COLLECTOR:

_____ Print Collector's Name

_____ Sample Collector's Signature

IDENTIFICATION SHEET FOR MULTIPLE SAMPLES

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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Submitter: _____

Sample Source: _____

Test(s) Requested: _____

#	ID or Lot #	#	ID or Lot #	#	ID or Lot #	#	ID or Lot #
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.

FORM-QA-14A/4