



EXAMINATIONS FISH

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● SUBMISSION FORM

SUBMITTER

Last name

First name

Street

Zip code/City

Phone

Fax

E-Mail

OWNER

Last name

First name

Street

Zip code/City

Phone

E-Mail

Farm

RESULTS TO

submitter

Mail

Fax

owner

Mail

Fax

other

INVOICE

submitter

owner

other

date of sampling: _____ total number of samples: _____

species/age/water temperature: _____

samples: blood surroundings organ

smear/swab of _____ other _____

anamnesis/further analysis: _____

your internal identification no: _____

SAMPLE IDENTIFICATION

01 _____ 11 _____ 21 _____

02 _____ 12 _____ 22 _____

03 _____ 13 _____ 23 _____

04 _____ 14 _____ 24 _____

05 _____ 15 _____ 25 _____

06 _____ 16 _____ 26 _____

07 _____ 17 _____ 27 _____

08 _____ 18 _____ 28 _____

09 _____ 19 _____ 29 _____

10 _____ 20 _____ 30 _____

You agree to our general terms and conditions which can be downloaded at: www.vaxxinoVA-diagnostics.de.
If examinations cannot be fulfilled by VaxxinoVA Diagnostics GmbH, you hereby agree with the transfer of the samples to a third party laboratory.

place, date

signature veterinarian

signature owner
(if invoice to owner)

PCR (detection of nucleic acid)

- Aeromonas hydrophila
- Aeromonas salmonicida
- Spring viraemia of carp
- Infectious hematopoietic necrosis virus (IHNV)
- Infectious pancreas necrosis virus (IPNV)
- Koi herpesvirus (KHV)
- Renibacterium salmoninarum
- Salmonid alphavirus (SAV)
- Viral hemorrhagic septicemia virus (VHSV)
- Yersinia ruckeri

Bacteriology

- Bacteriological examination
- Identification of submitted isolates
- Antimicrobial susceptibility testing (AST)

Pathology

- General preparation incl. sampling
- Histology

Pathogen typing

- Aeromonas salmonicida – typing PCR: Layer protein vapA (virulent/avirulent)
- Aeromonas salmonicida – typing PCR: serotype 1, 5 and 6
- Aeromonas hydrophila – typing (Aerobactin) PCR

