



EXAMINATIONS FISH

:: 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

