



DATE RECEIVED	BOOKED	SCANNED
TYPE OF SAMPLE		

IZVG USE ONLY

Telephone: 01535 692000
Email: pathologists@izvg.co.uk

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Pathologists:
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VETERINARY SURGEON SUBMITTING SAMPLE	OWNER OR COLLECTION
PHONE: FAX: EMAIL (for reporting):	PHONE: FAX: EMAIL:
PO NUMBER <i>include if applicable</i>	DATE SAMPLE TAKEN
AHEF NUMBER	ENCLOSURE/TANK
ANIMAL NAME/NUMBER	WEIGHT
SCIENTIFIC NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
COMMON NAME	AGE <div style="display: flex; justify-content: space-around;"> <div>or if unknown:</div> <div> <input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> NEONATE </div> </div>

TEST REQUIRED <i>Please tick box(es) for test(s) required. Further tests may be included at IZVG pathologist's discretion.</i>		GREEN BOXES NEEDED
<input type="checkbox"/> HISTOLOGY Please list tissues bottom right	<input type="checkbox"/> POST MORTEM* Without histology	IZVG USE ONLY
<input type="checkbox"/> CYTOLOGY	<input type="checkbox"/> POST MORTEM* With histology	
<input type="checkbox"/> OTHER Please list:	<input type="checkbox"/> Please tick here if URGENT (surcharge applies)	
*Examination of non-formalin fixed fish/amphibian specimens by prior arrangement only (freshly dead, unfrozen, whole carcasses or live fish for euthanasia only). Carcasses for post-mortem examination from zoo and pet animals must be submitted with a Category 1 Animal By-Product Commercial document (see website).		

GILL PRESS <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE SKIN SCRAPE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE	SUSPECTED PROBLEM: SUSPECTED PROBLEM:	
<input type="checkbox"/> WILD LIVING <input type="checkbox"/> CAPTIVE BRED <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> QUARANTINE (RECENT ARRIVAL) <input type="checkbox"/> ON DISPLAY	<input type="checkbox"/> QUARANTINE (TREATMENT) <input type="checkbox"/> HOLDING
RECENT APPETITE <input type="checkbox"/> GOOD <input type="checkbox"/> MODERATE <input type="checkbox"/> POOR How long has appetite been affected?	IF ON DISPLAY, WHICH OTHER SPECIES ARE IN EXHIBIT? IS THE ANIMAL/ GROUP UNDERGOING TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH OF TIME IN COLLECTION <input type="checkbox"/> <1 WEEK <input type="checkbox"/> <1 MONTH <input type="checkbox"/> <1 YEAR <input type="checkbox"/> >1 YEAR
DID THE FISH LOOK ILL PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list signs:		<input type="checkbox"/> EUTHANASED BY WHAT METHOD DATE OF DEATH

Histology <input type="checkbox"/> WHOLE FISH SENT <input type="checkbox"/> BIOPSY LIVE FISH <input type="checkbox"/> PARTS OF DEAD FISH	Fixative <input type="checkbox"/> FORMALIN <input type="checkbox"/> RCL2 OTHER:	Have any other samples been saved? <input type="checkbox"/> ETHANOL OTHER: <input type="checkbox"/> FROZEN Please send results of tests done elsewhere to pathologists@izvg.co.uk	POST MORTEM FINDINGS/CONDITIONS SUSPECTED List organs/tissues sent and mention any abnormality suspected. (Please use back of sheet if additional space is required.) LOCATION
IS THERE A CURRENT/RECENT STRESSOR? <input type="checkbox"/> YES <input type="checkbox"/> NO When did the stress occur (minutes/hours/days ago?)			
WATER QUALITY PARAMETER AMMONIA			
NITRITE			
NITRATE			
SALINITY			
TEMP			
DISSOLVED OXYGEN			
pH			
DRAIN DOWN/CLEAN <input type="checkbox"/>	KNOWN WATER QUALITY ISSUE <input type="checkbox"/>	TREATMENT: <input type="checkbox"/>	SUSPECTED TOXIN: <input type="checkbox"/>
SUPERATURATION <input type="checkbox"/>	EQUIPMENT FAILURE <input type="checkbox"/>	OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>