

**FISH DIAGNOSTIC SERVICE
MISSISSIPPI STATE UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
240 WISE CENTER DRIVE
P.O. BOX 6100
MISSISSIPPI STATE, MS 39762
(662)325-1104**

FDL NUMBER:

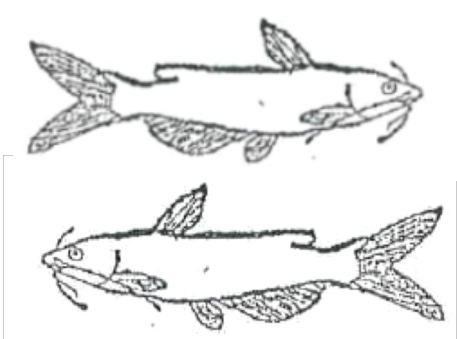
OWNER NAME/RESEARCH PROJECT:	DATE/TIME COLLECTED:
ADDRESS:	DATE/TIME RECEIVED:
CITY/STATE/ZIP:	COUNTY AGENT/VETERINARIAN:
PHONE:	
EMAIL:	
ANIMAL I.D.: SPECIES: SEX:	

#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE	#	√	SAMPLE TYPE	SITE / TYPE, IF APPLICABLE
	<input type="checkbox"/>	FLUID			<input type="checkbox"/>	TISSUE	
	<input type="checkbox"/>	SLIDE			<input type="checkbox"/>	OTHER:	
	<input type="checkbox"/>	SWAB					

NUMBER IN POND: _____	FEEDING RATE WHEN HEALTHY: _____
DAILY NUMBER DEAD: _____	FIRST NOTICED SICK: _____
TOTAL NUMBER DEAD: _____	MORNING DISSOLVED OXYGEN: _____

PATHOLOGY:	MICROBIOLOGY:	MISCELLANEOUS:
<input type="checkbox"/> HISTOPATHOLOGY	<input type="checkbox"/> AEROBIC CULTURE & SENSITIVITY	<input type="checkbox"/>
<input type="checkbox"/> NECROPSY	<input type="checkbox"/> ANAEROBIC CULTURE & SENSITIVITY	<input type="checkbox"/>
<input type="checkbox"/> CYTOLOGY	<input type="checkbox"/> FUNGAL CULTURE	<input type="checkbox"/>

PLEASE MARK SITES SAMPLED FOR HISTOLOGY:



DIAGNOSTIC OBSERVATIONS:

POND SIZE:	POND NO:
TAN:	HARDNESS:
UIA:	TEMP:
pH:	NITRITE:
ALKALINITY:	CHLORIDE:
DATE OF EXAM:	
TIME WATER SAMPLED:	
INITIALS:	

COMMUNICATIONS WITH CLIENT:
