LABORATORY OF AVIAN MEDICINE & PATHOLOGY
382 West Street Road
Kennett Square, PA 19348
(610) 444-4282 * Fax (610) 925-8106

FISH NECROPSY
SUBMISSION FORM

Date: ______________________
Accession #: ______________________
Case Veterinarian: ______________________

Company Name: ______________________
Phone: ______________________
Fax: ______________________
Email Address: ______________________

Bill To: ______________________

List all persons who should receive this report: ______________________

Grower/Farm Name: ______________________
Rearing System #: ______________________

Serviceperson: ______________________
Phone: ______________________
Fax: ______________________
Email Address: ______________________

How would you like the report delivered? US Mail: _____ Fax:____ Email: _____ (please check one)

**If you are a new client, or address information has changed, please use back of this form to update/correct**.

SUBMISSION INFORMATION

Number of Fish Submitted: _____ Dead _____ Alive 
Age of Fish: ______________________
Species/Breed: ______________________ 
Production Type: ______________________
Number Placed: ___________
#Rearing Systems on Farm: ___________
#Fish on Farm: ______________________
Reason for Submission: ______________________

Water Quality Information:
Dissolved Oxygen: _______ mg/L  
PH: _______  
Nitrate: _____mg/L  
Ammonia: _______ mg/L
Total Alkalinity: _______mg/L  
Total Hardness: _______  
Temperature: ______________________

MEDICATION / VACCINATION HISTORY

Recent Medication(s) or Vaccine(s) Administered:

Other Information:

________________________________________
________________________________________
________________________________________
________________________________________