



LABORATORY OF AVIAN MEDICINE & PATHOLOGY

382 West Street Road  
Kennett Square, PA 19348  
(610) 444-4282 \* Fax (610) 925-8106

**FISH NECROPSY  
SUBMISSION FORM**

RJE - POULTRY FIELD OFFICE

788 North Penryn Road  
Manheim, PA 17545  
(717) 665-1553 \*Fax (610)925-6806

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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

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:**