**Sample Submission Form** FGL08a

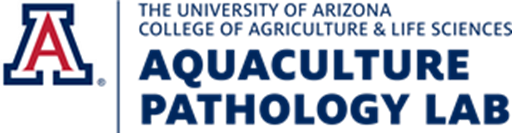
**School of Animal & Comparative Biomedical Sciences**

**1117 E. Lowell Street, Bldg. 90, Room 102**

**Tucson, Arizona 85721-0090**

**Phone: 520-621-4438; Email:** [**aquapath@cals.arizona.edu**](mailto:aquapath@cals.arizona.edu)

**WEB: aquapath.lab.arizona.edu**



**\*\*International exporters should work with their APHIS Accredited Veterinarian and regional APHIS Veterinary Services Service Center** **prior to collecting or submitting samples to the testing laboratory to ensure that the receiving country’s health certificate requirements are met.\*\***

**Purpose of testing: (**Check all that apply)☐ General Health Check ☐ Surveillance ☐ Quarantine ☐ Disease Concern

☐ Interstate Destination \_\_\_\_\_\_\_\_\_\_\_\_ ☐ International Export Destination \_\_\_\_\_\_\_\_\_\_\_\_\_☐ CAHPS Participation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Premises Freedom\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Cohort Test Negative\_\_\_\_\_\_\_\_\_\_ ☐ Other: \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **PERSON/COMPANY REQUESTING TESTING** | |
| Company |  |
| Contact name |  |
| Street |  |
| City, State, Country, Zip/Country Code |  |
| Phone |  |
| Email |  |

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| **INVOICING INFORMATION**  (Invoice will only be sent electronically and only to the emails listed below) | |
| Company |  |
| Contact name |  |
| Street |  |
| City, State, Country, Zip/Country Code |  |
| Phone |  |
| Tax I.D/ RFC (if applicable) |  |
| Email |  |

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| **REPORTING INFORMATION**  (Reports will only be sent to the physical address and email addresses stated below) | |
| Company |  |
| Contact name |  |
| Street |  |
| City, State, Country, Zip/Country Code |  |
| Phone |  |
| Email |  |

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| Number of **additional** original reports requested(one report is included with the testing)**: \_\_\_\_\_\_\_\_\_\_\_\_\_**  If submitting multiple lot numbers, **are separate reports needed** for each lot number? **☐ Yes ☐ No**  **Hard copy of report to be sent by:**  ☐ Postal mail ☐ No hard copy needed  ☐ DHL Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Fed Ex Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    ☐ No DHL/FedEx acct—please charge for document shipping |

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| --- | --- |
| **SAMPLE INFORMATION** | |
| **Company/facility/warehouse/brokerage owning the samples/animals** |  |
| **Sampling location-**Company, farm, warehouse, brokerage and address of sample/animal location |  |
| **Name and Title of person(s) collecting samples\*\***  (USDA accredited veterinarian, technician, etc.)  **USDA APHIS NATIONAL ACCREDITATION NUMBER (NAN)** |  |

\***Company sample reference number** to be included in the report & invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* For export testing an accredited veterinarian must oversee collection and submission of samples.**

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| **SAMPLES SUBMITTED FOR TESTING** |

**Type of sample(s) submitted**: ☐ Davidson’s fixed ☐ Frozen ☐ Feed ☐ Hemolymph ☐ Pleopods ☐ Feces ☐ Gills ☐ HP

☐ Artemia/Cysts ☐ Slides ☐ Paraffin blocks ☐ Photos ☐ Bacterial Cultures/Slants ☐ Live Animals ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Feces, feed, life stages younger than PLs and water are not appropriate samples for international export or CAHPS/Prem Freedom.**

**USE A SEPARATE ROW FOR EACH VIAL/SAMPLE CONTAINER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Species/Sample Name** | **Life stage/ age** | **Identification no.**  **(pond, tank, etc.)** | **Number of animals in Vial (if known)** | **Lot** ☐ **Batch** ☐ **number** | **Date of**  **collection** | **Fixation method (Davidson’s, 95% ethanol, RNA Later, frozen, other)** | **Type & quantity of sample submitted** |
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If necessary, please provide a summary of the General History and/or atypical gross signs on separate page.

Testing to be done as:☐ **Routine: (PCR: 7-10 business days)** ☐ **RUSH: (PCR: 3-5 business days)**

**Turnaround time is based on final results. Samples requiring additional testing may take longer.**

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| **INTERNAL REVIEW** | | | | | | | | |
| **To be filled out by Sender** | | | **To be filled out by UAZ-APL personnel** | | | | | |
| Person preparing shipment | Shipping date | Method of shipment (DHL, FedEx...) | Receipt date | Received by | Condition of sample | Case number | Sample location | # of samples received |

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CLIENTS SUBMITTING FEEDS, ADDITIVES OR FROZEN SAMPLES CAN SKIP TO PAGE 4.

BASED ON THE PURPOSE OF TESTING (e.g. INTERNATIONAL EXPORT, PREMISES OF FREEDOM, CAPH Participation ETC). USDA-APHIS REQUIERES CLIENTS TO FOLLOW THE FOLLOWING OFFICIAL SAMPLING & POOLING GUIDANCE (Table 1).

**Table 1:** Number of pools required to achieve 95% confidence for a 2% design prevalence\*. This assumes 85% diagnostic sensitivity (Se) for pools ≤ 5 animals (or tissue samples), 80% for pools of 6-20, 70% for pools of 21-50, and 50% for pools of 51-100. Rows 1-3 are required if the designated life stage is available. Choose any single row from those remaining to make up the balance of the required sample. *An example sample set could include 2 pools of adults, 2 pools of juveniles, and 2 pools of the oldest PLs on site, plus 6 pools of very small PLs (averaging ≥ 57 animals per 30 mg pool).*

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| --- | --- | --- | --- |
| **Include in Twice Annual Sample** | **Life Stage** | **Animals /Pool** | **# Pools** |
| Required | Adults | 5 | 2 |
| Required | Juveniles\*\* | 5 | 2 |
| Required | Oldest PLs  on site | ≥ 5  (totaling at least 30 mg) | 2 |
| Select One Row (Required): Sample size varies by animal weight. Select row based on the number of animals comprising 30 mg of weight or whatever tissue weight is needed for assay. | Younger PLs | 5 | 30 |
| 6 | 26 |
| 7 | 23 |
| 8 | 20 |
| 9 | 18 |
| 10 | 16 |
| 11 | 15 |
| 12 | 14 |
| 13 | 13 |
| 14 | 12 |
| 15 | 11 |
| 16-17 | 10 |
| 18-23 | 9 |
| 24-27 | 8 |
| 28-56 | 7 |
| ≥57 | 6 |

\*Design prevalence (DP) is determined by the needs of the premises. If sampling and testing is being conducted to meet international trade requirements that use OIE guidance the DP is 2%. The DP is also 2% for Premises Freedom recognition by APHIS.

\*\* Juvenile life stage is described by the premises when animals are transitioned from larval rearing to the next phase of culture. Typically, this transition coincides with branchial maturation and rostral spine development*. Life stages younger than post-larvae (e.g., mysis and nauplii) are inappropriate for official testing (e.g., export) or participation in an APHIS aquaculture health inspection program.* Separate vials must be submitted in duplicate for each “pathogen type” in appropriate preservative (e.g., RNA Later).

**Note: Table 1 is the minimum sample required for a particular test.  PLEASE submit at least twice the number specified per vial. Aquaculture Pathology Laboratory will then apportion the correct number for immediate testing, and archive the rest in case follow-up testing is needed.  Also note: please double or triple the submissions as needed to cover all requested ‘pathogen types” (e.g., requiring separate tissues, preservatives, and/or extractions)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department: PCR TESTING** | | | | |
| **Pathogen Type** | **Pathogen** | **Testing Requested** | **Quantity of Lot/Batch to be pooled** | **Lot Numbers of samples to be run for each test**  \*Please state if specific Lot/Batch numbers are to be pooled together |
| DNA  Systemic | WSSV1 | ☐ |  |  |
| IHHNV1 | ☐ |  |  |
| IHHNV- integrated | ☐ |  |  |
| RNA  Systemic | TSV1 | ☐ |  |  |
| YHVGenotype 11 | ☐ |  |  |
| IMNV1 | ☐ |  |  |
| GAV | ☐ |  |  |
| PvNV | ☐ |  |  |
| LSNV | ☐ |  |  |
| MoV | ☐ |  |  |
| MrNV1 | ☐ |  |  |
| CMNV | ☐ |  |  |
| DNA  Enteric | BP | ☐ |  |  |
| MBV | ☐ |  |  |
| HPV | ☐ |  |  |
| SMV | ☐ |  |  |
| *Vibrio parahaemolyticus* | ☐ |  |  |
| *Vibrio* *harveyi* | ☐ |  |  |
| *Vibrio parahaemolyticus-*  (**AHPND/EMS**) strain1 | ☐ |  |  |
| EHP | ☐ |  |  |
| *Hepatobacter penaei* / NHP-B1 | ☐ |  |  |
| Crayfish plague-*A. astaci* 1 | ☐ |  |  |
| DNA  Systemic | *Spiroplasma penaei* | ☐ |  |  |
| DNA  Enteric/Systemic | *Rickettsia* | ☐ |  |  |
| DIV1 (SHIV/CQIV)1 | ☐ |  |  |

1OIE-listed Pathogens

|  |  |  |  |
| --- | --- | --- | --- |
| **BACTERIOLOGY/MICROBIOLOGY** | | **HISTOPATHOLOGY** | |
| ☐ API Identification | ☐ 16s rRNA Sequencing | ☐ Conventional Histopathology | ☐ Duplicate H&E |
| ☐ Antibiotic Sensitivity | ☐ Vibrio Isolation | ☐ Process tissue only- no analysis | ☐ Blocks for analysis- no processing |
| ☐ MIC (in agar) | ☐ Other Micro:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Special Stains | ☐ Slides for confirmation of disease (no processing, read only) |

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| **METHOD OF PAYMENT**   * Payment will be expected prior to the release of the results. Payment instructions are included on invoices. * Credit card payments can be made online via our website: **aquapath.lab.arizona.edu** |

☐ **Wire transfer** ($30 transfer fee) ☐ **ACH**  ☐ **Credit card** (3.5% processing fee--VISA, MasterCard, American Exp)

☐ **Purchase order (send annual copy)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ **Check** (drawn on US Bank)☐ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing here, you agree to the terms of this order including Aquaculture Pathology Lab testing, procedures, policies and fees. Signature confirms intent to pay. Samples cannot be accepted without a signature.**

**Signature (required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Price List**

**PCR Testing**

|  |  |
| --- | --- |
| Single Extraction (DNA only, or RNA only) | $43.00/pathogen |
| Pathogen pairs (WSSV/IHHNV, TSV/YHV, BP/MBV, EMS/NHP) | $70.00/pair |
| Additional DNA/RNA samples- see submission form | $30.00/pathogen |
| Formalin Fixed paraffin Embedded (FFTE) Extractions | $55.00 set up fee/case |
| Quantitation of copy # by Real-Time PCR | $70.00 set up fee/case |
| Beta Actin Housekeeping gene quality confirmation test | $43/sample |

**Histopathology Testing**

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| --- | --- |
| Eggs/larvae/Post Larvae | $160.00/up to 50 |
| Juvenile Shrimp (~1 to 12 grams) | $32.00/shrimp |
| Adult Shrimp (12+ grams) | $38.00/shrimp |
| Duplicate Hematoxylin & Eosin slides | $20.00/slide |
| Tissue received in cassettes for processing, embedding, sectioning, and  staining (No dissecting) | $30.00/cassette |
| Paraffin Blocks received for sectioning, staining, and analysis (No dissection/processing/embedding) | $30.00/block |
| Wet Mounts/Gross Observations | $75.00/hour |
| Special Stains | $30.00/stain |
| H&E stained slides for diagnosis only | $30.00/slide |
| *In-situ* hybridization (gene probe) for selected pathogens | $70.00 set up fee, plus $30.00/slide |
| Digital slide images | $10/each |

**Microbiology/Bacteriology Testing**

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| --- | --- |
| MIC Assay (in agar) | $500.00 MIC set up fee, request quote |
| 16S rRNA Sequencing | $45.00/sample |
| Vibrio Isolation | $45.00/sample |
| Data analysis based on number of samples received | $75.00/hour |
| Identification of mixed bacterial culture | Request a quote |
| Bacterial identification of tissue samples | $50.00/slant, request a quote |

**Administrative fees**

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| --- | --- |
| RUSH fee (3-5 business days for PCR, 1 week for Histo) | 50% of total cost added |
| Credit card processing fee | 3.5% added |
| Wire Transfer fee | $30.00/case |
| Multiple copies of report (before final report) | $1.50/copy |
| Duplicate copies of report (after final report already issued) | $5.00/copy |
| Notary of documents | $10.00/report |