



THE UNIVERSITY OF ARIZONA  
COLLEGE OF AGRICULTURE & LIFE SCIENCES

## AQUACULTURE PATHOLOGY LAB

# APL Control Request Form

Please email completed form to Dr. Hung Mai at: [hungmai@arizona.edu](mailto:hungmai@arizona.edu)

DATE:		
<b>INVOICING INFORMATION</b>		
Contact name		
Company/Laboratory name		
E-mail address		
Mailing address		
City, State, Country, Postal Code		
Phone number		
Method of payment	<input type="checkbox"/> Wire transfer (\$30 fee) <input type="checkbox"/> Credit card (3.5% processing fee) <input type="checkbox"/> Check/ACH	
Contact name		
Company/Laboratory name		
E-mail address		
Shipping address		
City, State, Country, Postal Code		
Phone number		
Fed Ex account:	DHL account:	<input type="checkbox"/> None (charge for shipping)
<ul style="list-style-type: none"><li>• Please provide us all necessary permits/documents needed to include in shipment of your order.</li><li>• Please make sure your FedEx/DHL account is set up for import AND export of documents/products.</li></ul>		

## POSITIVE CONTROLS REQUESTED

\*\*Some controls may not be available. We will be able to provide you availability once form is submitted\*\*

Type of Control/Price	Pathogen	
<b>Positive Control Tissues in ethanol</b> (approx. 0.1g)  <span style="background-color: yellow;">\$150.00/pathogen/tube</span>	<input type="checkbox"/> WSSV <input type="checkbox"/> YHV <input type="checkbox"/> IMNV <input type="checkbox"/> PvNV+IHHNV	<input type="checkbox"/> AHPND/EMS <input type="checkbox"/> EHP
<b>SPF Tissue in ethanol</b> (approx. 0.1g)  <span style="background-color: yellow;">\$150.00/tube</span>	<input type="checkbox"/> Systemic SPF Tissue (pleopods/gills/muscle)  <input type="checkbox"/> Enteric SPF Tissue (hepatopancreas)	
<b>Plasmid DNA controls</b> (vacuum dried) (Please get in touch with Dr. Hung Mai before placing the order)  \$150.00/tube	<input type="checkbox"/> WSSV <input type="checkbox"/> YHV <input type="checkbox"/> IMNV <input type="checkbox"/> PvNV <input type="checkbox"/> TSV <input type="checkbox"/> XSV <input type="checkbox"/> NHP <input type="checkbox"/> AHPND/EMS <input type="checkbox"/> MrNV <input type="checkbox"/> GAV <input type="checkbox"/> CMNV <input type="checkbox"/> LSNV <input type="checkbox"/> MoV <input type="checkbox"/> <i>V.harveyi</i> <input type="checkbox"/> IHHNV-389 <input type="checkbox"/> IHHNV-309	<input type="checkbox"/> IHHNV-831 <input type="checkbox"/> SMV <input type="checkbox"/> <i>A.astaci</i> (Crayfish plague) <input type="checkbox"/> <i>V.parahaemolyticus</i> <input type="checkbox"/> EHP <input type="checkbox"/> SWP1 (Spore Wall) <input type="checkbox"/> BP <input type="checkbox"/> MBV <input type="checkbox"/> Spiroplasma <input type="checkbox"/> SHIV-qPCR (ATPase) <input type="checkbox"/> SHIV-qPCR (Major Capsid) <input type="checkbox"/> SHIV- nested (ATPase) <input type="checkbox"/> HPV <input type="checkbox"/> FlgE
<b>PLEASE LIST PATHOGENS REQUESTED FOR THE FOLLOWING:</b>		
<b>PCR Extracted DNA/RNA</b> <span style="background-color: yellow;">\$150.00/tube</span>		
<b>PCR 10<sup>8</sup> standards</b> (Please get in touch with Dr. Hung Mai before placing the order)  <span style="background-color: yellow;">\$150.00/tube</span>		
<b>Bacterial Cultures</b> <span style="background-color: yellow;">\$500.00/culture</span>		
<b>Viral Homogenates (1ml)</b> <span style="background-color: yellow;">\$350.00/ml</span>		
<b>Histopathology Control Slides</b> <span style="background-color: yellow;">\$50.00/slide</span>		
<b>Histopathology Control Blocks</b> <span style="background-color: yellow;">\$350.00/block</span>		

**Frozen Infectious Material**

**\$150.00/gram**

**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 \_\_\_\_\_**