

KITNO:

EXPIRATION DATE:



REQUISITION FORM: PCR, HISTOLOGY & BACTERIOLOGY

Fields marked with * are mandatory. Optional fields must be filled if you want the information on the final report. For mandatory analyses and Discovery (disease clarification) all fields must be filled.

CUSTOMER DETAILS

Company* (formal report recipient)		Invoice company* (if different from company)	
Sampler* (full name, receives report)		Invoice contact* (full name)	
Sampler* (email and mobile)		Invoice reference (ex. PO number)	
Report recipient (full name)		Report recipient (email)	
Project number	NB: If the samples are part of a project with PatoGen, the project number must be filled out. If the project number is missing, the samples will be invoiced as normal.		

SAMPLING DETAILS

Sampling date*		Site number*	
Species*		Site name	
Fish group		Breed	
Generation		Production	<input type="radio"/> Seawater <input type="radio"/> Freshwater <input type="radio"/> Broodstock
Disease suspicion		Known diagnosis	
Vaccinated fish?*	<input type="radio"/> Yes <input type="radio"/> No If yes, which vaccine?		
Water environment*	<input type="radio"/> Saltwater <input type="radio"/> Freshwater <input type="radio"/> Freshwater with saltwater addition		

DELIVERY PCR

- Normal** (5 w. days - 4 when ordering in Patolink)
 Haste 1 (1 working day)
 Haste 2 (2 working day)

Haste 1 must be agreed upon in advance. Haste 2 should be agreed upon in advance. Haste 1 requires delivery of samples before 09.00 and entails a 100 % additional cost. Haste 2 requires delivery of samples before 12.00 and entails a 50 % additional cost.

DELIVERY BACTERIOLOGY

The delivery time for bacteriology will depend on how long the bacteria growth takes.

NB: If we receive bacteria dishes late on a Thursday or a Friday, the shipment will be stored at PatoGen until Monday before it is shipped on to VI, to avoid the material being left in the mail over the weekend. This will lead to somewhat longer delivery time and may affect the quality of the samples. We encourage therefore to send in the material so that we receive Thursday morning at the latest.

RAPPORTERING AV LOVPÅLAGTE ANALYSER

For statutory analyses, and with suspicion of serious/listed diseases, PatoGen is required to notify the Norwegian Food Safety Authority of positive analyses. In cases like these, PatoGen will inform the customer first. For statutory analyses PatoGen is also required to send monthly summaries of the analysis results to the national reference laboratory. We refer to the at any time current regulations of the Ministry of Trade, Industry and Fisheries.

- Reservation against use in research, commercial and operational purposes in anonymised form.

DELIVERY HISTOLOGY

- Normal** (normally 5 working days)
 Haste 1 (2 working days)
 Haste 2 (3 working days)

Haste deliveries must be agreed upon in advance by 12.00 the working day before samples are delivered to the lab. Delivery must be before 07.45. Haste 1 entails a 200% additional cost. Haste 2 entails a 100% additional cost.

NOTE

SIGNATURE

Date and sampler's signature

See patogen.com for our general terms of delivery, sampling guides, validated area of use for analyses and more. The requisition form is changed/updated on a regular basis. The newest and valid version of the requisition form is always available at patogen.com.

PatoGen | (+47) 70 11 69 00 | post@patogen.no | patogen.com | Version 2.2 | Valid from 16.03.21

Mottatt:	PatoGen Returlapp: Ja Nei - Postnr:	Antall PCR:	Kontrollrør 1&2:
Ref.kode:	Antall histologi:	Antall bakteriologi:	Fakturert:

PATOSAFE (PCR ANALYSES)

Check left for wanted analysis and fill in which tissue you want the analysis to be performed on to the right. Tissue is a mandatory field. If tissue is not filled, optimal tissue will be chosen from recommended tissue in the sampling guide. The list below shows short names for the analyses. We refer to the analysis overview for the full analysis name, in addition to which geographical areas and species the analyses are validated for. See www.patogen.com for analysis overview and sampling guide.

Wanted analysis:	Tissue*:
AGD	
BKD**	
Branchiomonas	
Costia - necator	
Costia - salmonis	
EHNV	
Flavobacter**	
Francisella**	
Gyro	
IHNV	
ISAV**	
ISAV-HPRO ²	
IPNV**	
Moritella viscosa	
Nodavirus**	
Paramyxovirus	
Paranucleospora	
Parvicapsula	

Wanted analysis:	Tissue*:
Pasteurella skyensis O2 ²	
Pasteurella sp	
Pasteurella sp + skyensis O1	
Perkinsus-like protozoa ²	
Piscichlamydia	
Piscirikettsia**	
PMCV	
Poxvirus ¹	
PRV-1**	
PRV-3	
SAV/PDV	
T. maritimum	
Tenacibaculum spp ²	
Typical furunculosis	
Typical and atypical furunculosis ^{2,3}	
VHSV**	
Yersinia	

PCR ANALYSES ONLY VALIDATED FOR CLEANERFISH

Wanted analysis:	Tissue*:
Atypical furunculosis (b. wrasse) ⁵	
Atypical furunculosis (lumpsucker) ⁶	
Ballan wrasse birnavirus ^{1,2}	

Wanted analysis:	Tissue*:
Lumpsucker virus	
Nucleospora c.	
Vibrio ang. ^{2,4}	

**Accredited analyses ¹Patent pending ²Analysis under development, validation performed on a limited amount of material ³Detects type I-VI
⁴Detects type O1, O2, O3 ⁵Detects type 5, prevalent in ballan wrasse ⁶Detects type 6, prevalent in lumpsucker

OTHER PRODUCTS

<input type="checkbox"/> SmoltTimer® (Morphology form must be filled - se patogen.com)
<input type="checkbox"/> Storage of samples (Please specify which is going to storage)

<input type="checkbox"/> Discovery (disease clarification)
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NB: For Discovery all analyses can be performed. If any of them are not to be performed, this must be clearly stated on the requisition form.

VACCINE DIFFERENTIATION

Vaccine differentiation is performed to determine if a positive result is virus or a vaccine component. We routinely perform differentiation for specific vaccine components:
 IPNV - ex. ALPHA JECT micro® 6, AQUAVAC® PD7
 SAV/PDV - ex. ALPHA JECT micro® 1PD - Patent WO 2020/122734

- Do not want vaccine differentiation
 (if this box is not checked, we routinely perform vaccine differentiation of positive results for vaccinated fish)

SUBTYPING

- Norway**
 Want subtyping of: SAV2 SAV3 Both SAV2 & SAV3
 Do not want subtyping of SAV/PDV unless it is required by law
- UK**
 Want subtyping of SAV/PDV: Yes No

HISTOLOGY

No. of fish* Fry Freshwater Saltwater/broodstock Cleanerfish
Tissue*	<input type="radio"/> Heart <input type="radio"/> Kidney <input type="radio"/> Gill <input type="radio"/> Skin <input type="radio"/> Fry <input type="radio"/> Liver <input type="radio"/> Spleen <input type="radio"/> Pylorus region Other:
Purpose*	<input type="radio"/> Routine <input type="radio"/> Increased mortality Other:
Note	

BACTERIOLOGY

No. of fish*		Material*	<input type="radio"/> Bacteria culture primary <input type="radio"/> Bacteria culture secondary
Tissue*	<input type="radio"/> Heart <input type="radio"/> Kidney <input type="radio"/> Gill <input type="radio"/> Skin <input type="radio"/> Fry <input type="radio"/> Liver <input type="radio"/> Spleen <input type="radio"/> Pylorus region Other:		
Note			

CLINICAL HISTORY

Increased mortality?*	<input type="radio"/> Yes <input type="radio"/> No	Known diagnoses*		Disease suspicion*	
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Disease description* - (clinical signs, course of disease, autopsy findings...)

Autopsy findings detected per fish

Known diagnoses at the site the past 4 months:

<input type="checkbox"/>	PD	<input type="checkbox"/>	HSMI	<input type="checkbox"/>	CMS	<input type="checkbox"/>	Gill disease	<input type="checkbox"/>	Wound infection	<input type="checkbox"/>	Other:
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Detected pathogens at the site the last 4 months, without disease:

<input type="checkbox"/>	Poxvirus	<input type="checkbox"/>	<i>Tenacibaculum maritimum</i>	<input type="checkbox"/>	IPNV	<input type="checkbox"/>	PRV
<input type="checkbox"/>	<i>Paramoeba perurans</i>	<input type="checkbox"/>	<i>Paranucleospora theridion</i>	<input type="checkbox"/>	SAV	<input type="checkbox"/>	PMCV
<input type="checkbox"/>	<i>Yersinia ruckeri</i>	<input type="checkbox"/>	<i>Candidatus Branchiomonas cysticola</i>	<input type="checkbox"/>		<input type="checkbox"/>	

[Sample details on the next page](#)

