

REQUISITION FORM FOR PCR AND HISTOLOGY

Fields marked with * must be filled out. Optional fields should be filled out if the information is to be included in the final report from PatoGen. For statutory analyses and Discovery (disease clarification), all fields are mandatory.

Customer details

Customer* (formal report recipient)	Invoice - company* (if different from customer)	
Invoice - contact* (full name)	Invoice - reference (PO numbers etc.)	
Sampler* (full name, receives report)	Sampler* (email and phone)	
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.	

Sample details

Sampling date*		Site number*	
Species*		Site name	
Vaccination status* (Important for IPN, PD & Yersinia)	Are the fish vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which vaccine?		
Fish group	Production	<input type="checkbox"/> Broodstock <input type="checkbox"/> Freshwater <input type="checkbox"/> Seawater	
Breed	Water environment	<input type="checkbox"/> Fresh <input type="checkbox"/> Salt <input type="checkbox"/> Brackish	
Generation	Date hatched (only freshwater)		
Origin (other sites)	Date sea launch (date or month/year)		
Disease suspicion	Known diagnosis		

Delivery PCR

<input type="checkbox"/>	NORMAL - 5 working days (4 working days when ordering through Patolink)
<input type="checkbox"/>	HASTE 1 - 1 working day
<input type="checkbox"/>	HASTE 2 - 2 working days

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 Histology

<input type="checkbox"/>	NORMAL - Normally 5 working days
<input type="checkbox"/>	HASTE 1 - 2 working days
<input type="checkbox"/>	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.

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

Reporting of statutory analyses

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.

Note

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 1.9 | Valid from 14.12.20

Fylles ut av PatoGen:

Mottatt:	PatoGen Returlapp: Ja Nei - Postnr:	Antall prøver:	Kontrollrør 1&2:
Ref.kode:	Skrevet:	Sendt/frigitt:	Fakturert:

KITNO:

EXPIRATION DATE:



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-HPR0 ²	
IPNV**	
Moritella	
Nodavirus**	
Paramyxovirus	
Paranucleospora	

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

PCR analyses only validated for cleaner fish

Wanted analysis:	Tissue*:
Atypical furunculosis (ballan 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

Subtyping

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

Vaccine differentiation (to determine if a positive result is virus or a vaccine component)

We routinely perform differentiation for specific vaccine components:

IPNV - ex. ALPHAJECT micro[®] 6, AQUAVAC[®] PD7

SAV/PDV - ex. ALPHAJECT 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)

HISTOLOGY

Histology (Remember to match the tube code to fish number in the tube overview) When ordering histology, all fields below are mandatory.

Tissue - histology*	<input type="checkbox"/> Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Gill <input type="checkbox"/> Skin <input type="checkbox"/> Fry <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Pylorus region <i>Other:</i>
Number of fish*	___ Fry ___ Freshwater ___ Saltwater/broodstock ___ Cleanerfish
Disease suspicion*	Known diagnosis*

Disease description - (clinical signs, course of disease, autopsy findings...)*

Also see the clinical history form that can be downloaded from www.patogen.com

OTHER SERVICES

SmoltTimer [®] (remember to also fill out the morphology form - see patogen.com)
Discovery (disease clarification) NB: All PCR analyses can be performed. If any of them are not to be performed, this must be clearly stated on the requisition form.
Storage of samples (If not all of the samples are to be stored, please specify in note which samples to store)

KITNO:

EXPIRATION DATE:



*Match histology samples to correct fish number by writing the letter on the histology tube in the column for tube code histology (A-Z).

Pos.	Tube code PCR	Tube code Histology (A-Z)*	Pen/tub/sylinder	Fish number	Clinical signs			Note
					Healthy	Moribund	Dead	
A07								
B07								
C07								
D07								
E07								
F07								
G07								
H07								
A08								
B08								
C08								
D08								
E08								
F08								
G08								
H08								
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