

ANALYSIS REQUEST FORM: Cold-blooded animals

A. ADMINISTRATIVE INFORMATION	Your reference:	Dossier nr.:
Veterinarian: name and surname (stamp)	Inspector FASFC: name	
Order affiliation nr.:	Local Control Unit (LCU):	
Email:		

Holder:

surname _____ first name _____

street _____ nr. _____

postal code _____ city _____

Fish farming exploitation (if different): _____

street _____ nr. _____

postal code _____ city _____

Submitted by:

Veterinarian
 LCU / FASFC
 Holder
 Lab / Other

Report results to:

Veterinarian
 LCU / FASFC
 Holder
 Lab / Other

Invoicing: Complete field 1 or field 2

<p>Field 1</p> <p>Invoice for the analyses in the name of:</p> <p> <input type="radio"/> Veterinarian <input type="radio"/> Holder <input type="radio"/> Laboratory <input type="radio"/> Other </p> <p>Client nr. (if known) _____</p> <p>name _____</p> <p>street _____</p> <p>nr. _____ postal code: _____</p> <p>city _____</p> <p>VAT _____</p> <hr/> <p>Field 2</p> <p>Analysis costs deducted via:</p> <p> <input type="radio"/> Contract with Sciensano (contract nr. or ref.) _____ <input type="radio"/> FASFC (Provided prior agreement by FASFC was given) </p>	<p>Motive of analysis request:</p> <p> <input type="radio"/> Diagnostic <input type="radio"/> Import: <input type="radio"/> Export: <input type="radio"/> Purchase / Sale <input type="radio"/> Outbreak <input type="radio"/> Certification / Qualification <input type="radio"/> Official program: Screening-Surveillance <input type="radio"/> Collection / Competition <input type="radio"/> Re-evaluation positive / non-interpretable result <input type="radio"/> Suspicion (suspect symptoms): <input type="radio"/> Other: </p>
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B. SUBMITTED MATERIAL	Sampling date:	Nr. of samples:	Nr. of animals:
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Species:	
- Crustaceans (please specify):	- Molluscs (please specify):
- Fish (please specify):	- Reptiles (please specify):

Type of material:		
<input type="checkbox"/> pool of organs (heart, kidney, spleen)	<input type="checkbox"/> water	<input type="checkbox"/> feed
<input type="checkbox"/> serum	<input type="checkbox"/> cadaver	<input type="checkbox"/> urine
<input type="checkbox"/> sperm	<input type="checkbox"/> eggs	<input type="checkbox"/> feces
<input type="checkbox"/> swab (please specify):	<input type="checkbox"/> bacterial strain (please specify):	<input type="checkbox"/> other (please specify):

Identification of submitted material:							
Nr	Animal ID	Other ID	Material	Date of birth / Age	Sex	Weight (kg)	External reference
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

In case a specific test \diamond is requested for a disease, please specify this in the designated column. In case the requested test/disease combination does not apply to all identified individuals, enter the "Nr." specified in "Identification of submitted material" of each animal in the correct test/disease field(s).

Bacterial diseases	Molecular test \diamond	Bacteriological test \diamond	Serological test \diamond	Antibiogram
<input type="checkbox"/> Brucellosis	BRU			
<input type="checkbox"/> Q fever	QFV			
<input type="checkbox"/> Other:				

Typing of Salmonella and other bacterial strains (zoonotic) according to: https://www.sciensano.be/sites/default/files/097form_11-vm-97-naanvraag_typering_van_bacteriele_stammen_geisoleerd_uit_de_voeding823-04-2019.pdf

Viral diseases	Molecular test \diamond	Virological test \diamond	Serological test \diamond
<input type="checkbox"/> Infectious salmon anemia	ISA		
<input type="checkbox"/> Koi herpes virus	KHV		
<input type="checkbox"/> Epizootic Haematopoietic Necrosis	EHN		
<input type="checkbox"/> Viral Haemorrhagic septicaemia	VHS		
<input type="checkbox"/> Infectious Haematopoietic Necrosis	IHN		
<input type="checkbox"/> Other:			

\diamond Main available methods¹

<input type="checkbox"/> Electron microscopy:

Date and signature of the requestor:	<i>(Reserved for Sciensano. Do not fill out this field)</i>	
	Date of reception:	signature:
	Time:	
	State received: <input type="checkbox"/> T <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> O	
	Assessment date:	signature:
	Time:	
<input type="checkbox"/> Veterinarian <input type="checkbox"/> FASFC/LCU <input type="checkbox"/> Lab / Other	Request conform: <input type="checkbox"/> yes <input type="checkbox"/> no	
	Registration date:	signature:
	Time:	

1 - Molecular tests: genotyping, PCR, Real Time-PCR
 - Bacteriological tests: isolation, identification, special staining, telling, antibiotics sensitivity test
 - Virological tests: isolation, negative staining, immunofluorescence, Elisa Antigen, viral presence, hemadsorption
 - Serological tests: seroneutralisation, antibody titration, hemagglutination inhibition, Elisa Antibody (gE, gB, indirect,...), complement binding reaction, Immunofluorescence, immunodiffusion, agglutination, Rose Bengal test.
 These methods are not necessarily available for all diseases. In case of doubt, please consult the table in this link:
<https://www.sciensano.be/nl/analyse-aanvragen/aanvraag-voor-veterinaire-analyse>