Fill out the form, and send it together with the samples. Fields marked with **\*** are mandatory to fill out.   
**Samples are shipped to: PHARMAQ Analytiq, Thormøhlensgate 53D, 5006 Bergen**.

**Contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **\* Company** |  | | **\* Invoice recipient** |  |
| **\* Site** |  | | \* **Invoice address** |  |
| **\*** Report recipient | Name |  | | |
| E-mail |  | | |
| Mobile |  | | |
| Invoice reference/PO # |  | | | |

**Sample material**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\* Are other analyses ordered in addition to Realtime RT-PCR?** | | | | | | **Histopathology** | | **Microbiology** | | | |
| **\*** **Fish species:** | | |  | | | **\* Sampling date** | |  | | | |
| **\* Number of samples in total:** | | |  | | |  | | | | | |
| Heart |  | Kidney |  | Gill |  | Milt |  | Ovarian fluid |  | Other |  |
|  | | | | | | | | | | | |
| Is the fish vaccinated? | | | If yes, what vaccine: | |  | | | Generation |  | | |
| Yes | No | | Fish group | |  | Project ID | |  | | | |
| We do not want the sample material to be used anonymously in research or for development of new methods. | | | | | | | | | | | |

**Delivery time / Terms and Conditions**

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|  |  |  |  |
| --- | --- | --- | --- |
| **We encourage to register all samples electronically before sending the samples.** | | | |
| **\* Standard delivery** | | **\*\* Urgent delivery** | **\*\*\* Urgent delivery, same workday** |
| **\*** With **Standard** **delivery** time results can normally be expected within 5 workdays after reception of the samples.  **\*\*** With **Urgent delivery** timeresults can normally be expected within the next workday after reception of the samples. The sample material must be received by the laboratory within 12.00 AM on the day of reception, and a surcharge will be added.  **\*\*\*** With **Urgent delivery, same business day** results can normally be expected within the same workday as reception of the samples by the laboratory. This service must be notified and agreed on beforehand, at the latest within 12.00 AM the day before the analysis is to be performed. The samples must be received by the laboratory within 09.00 AM on the day of reception, and a surcharge will be added.  Sampling guides and requisition forms, in addition to general terms and conditions, can be found on our website: [www.pharmaq.com/en/analytiq/](http://www.pharmaq.com/en/analytiq/). By submitting samples the customer accept our general terms and conditions. | | | |
|  |  | | |
| Date | Signature | | |

|  |  |
| --- | --- |
| **Analysis bundles** | |
|  | **Salmonids – gill bundle, growers** (Branchiomonas cysticola, AGD, Paranucleospora theridion, POX) |
|  | **Salmonids – heart bundle, growers** (PMCV, SAV, PRV) |
|  | **Salmonids – juveniles, freshwater** (Costia, Branchiomonas cysticola og POX) |
|  | **Lumpfish – sea site** (LFV, *Aeromonas salmonicida,* *Pasteurella sp, Pseudomonas anguilliseptica)* |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Heart** | | | | |  | |  | | | ISAV Infectious Salmon Anemia Virus | | SAV Salmonid Alphavirus | PMCV Piscine myocarditisvirus | |  | |  | | | Kidney | | *Salmoxcellia vastator* | PRV Piscine orthoreovirus | |  | |  | | |  | |  | PRV3 | |  | |  | | | **Gill** | | | | |  | |  | | | *Branchiomonas cysticola* | | *Clavochlamydia salmonicola* | AGD *Paramoeba perurans* | |  | |  | | | HPR0 Avirulent Infectious Salmon Anemia Virus | | *Paranucleospora theridion* | SGPV Salmon Gill Poxvirus | |  | |  | | | *Tenacibaculum maritimum* | | *Parvicapsula pseudobranchiola* | ASPV Atlantic Salmon Paramyxovirus | |  | |  | | | **Kidney** | | | | |  | |  | | | *Aliivibrio salmonicida* | | IPNV Infectious Pancreatic Necrosis virus | *Yersinia ruckeri* | |  | |  | | | *Aeromonas salmonicida* | | *Pasteurella sp.* | *Nucleospora cyclopteri* | |  | |  | | |  | subtype 1 (classic furunculosis) | *Pasteurella skyensis* | |  | |  | | *Pseudomonas anguilliseptica* | | |  | subtype 5 / subtype 6 (atypical furunculosis) | *Flavobacterium psychrophilum* | |  | |  | | CluCV Cyclopterus lumpus Coronavirus | | | BKD *Renibacterium salmoninarum* | |  | CluTV Cyclopterus lumpus Totivirus | |  | |  | | | *Vibrio anguillarum* O1 | | LFV Lumpfish Flavivirus | |  | |  | | | *Vibrio anguillarum O*2α | |  | |  | |  | | | Triple analysis for *Vibrio anguillarum* | | Analysis for *Vibrio anguillarum* O1, O2α and universal (all known variants of the bacterium) | | |  | |  | | | **Ulcers** | | | | |  | |  | | | *Tenacibaculum sp.* | | *Moritella viscosa* | Analysis to distinguish between classic type of *Moritella viscosa* and variant types of the bacterium | |  | |  | | |  | | Variant / classic |  | |  | | | **Other** | | | | |  | |  | | | AHRV Atlantic Halibut Reovirus | | Costia *Ichtyobodo* spp. | *Francicella philomiragia* ssp. *noatunensis* | |  | |  | | | IHNV Infectious Haematopoetic Necrosis Virus | | SRS *Piscirickettsia salmonis* | VHSV Viral Hemorragic Septicemia Virus (Subtype I-III) | |  | |  | | | VNN Nodavirus | | EHNV Epizootic Haematopoietic Necrosis Virus | | |  | |  | | | **Broodfish Please specify the desired tissue for the analysis below:** | | | | |  | |  | | | CluCV Cyclopterus lumpus Coronavirus: | |  | | |  | |  | | | LFV Lumpfish Flavivirus: | |  | | |  | |  | | | *Pasteurella* sp: | |  | | |  | |  | | | |

**Realtime RT - PCR**

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**Please specify if the analysis is to be performed on another tissue than what is stated**

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