AQUACULTURE SAMPLE SUBMISSION FORM

LABORATORY CONTACT DETAILS		
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Client Code:
Client Name:
Contact Name:
Contact No.:
Contact Email:
Date Sampled:
Farm Name:
Case No.:
Client Order No.:
Signature:

LABORATORY USE ONLY				
OQ ORDER NO.:				
Date Received:				
Time Received:				
Delivery Mode:	**Customer**		**Courier**	
Laboratory Collection:	**Date**		**Time**	
Temperature (°C):				
Condition:				

Sample Type / Description				Tests Required (please mark with an X)									
				INDIVIDUAL					PROFILES				
Sample Number	**Tank Number**	**Basket Number**	**Species** (A = Abalone; O = Oyster; S = Scallop; F = Fish)	**Abalone herpesvirus Detection**	**Ostreid Herpes-1 Detection**	***Perkinsus olseni* Detection**	***Xenohaliotis californiensis* Detection**	**ATM (*H. noduliformans*) Detection**	**Profile A: Ostreid herpes-1 + *Perkinsus* spp.**	**Profile B: Abalone Herpes Virus + *Perkinsus olseni* + *Xenohaliotis californiensis***	**Profile C: Abalone Herpes Virus + *Perkinsus olseni* + *Xenohaliotis californiensis* + ATM (*H. noduliformans*)**	**Profile D: Abalone Herpes virus + *Perkinsus olseni* + ATM (*H. noduliformans*)**	**STORAGE** RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)
				DA.AHV	DA.OHV	DA.POL	DA.XHC	DD.ATM	DA.PRA	DA.PRB	DA.PRC	DA.PRD	
													R/C/F