

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?	<input type="checkbox"/> Histopathology	<input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fish group	Project ID
<input type="checkbox"/> We do not want the sample material to be used anonymously in research or for development of new methods.		

Delivery time / Terms and Conditions

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** time results 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/. By submitting samples the customer accept our general terms and conditions.

Date	Signature

For internal use

Mottatt dato og tid:	Mottatt av:	Bring returlappnr.:
Rapport nr.:	Kommentar:	



Realtime RT - PCR

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

Analysis bundles		
<input type="checkbox"/>	Salmonids – gill bundle, growers (Branchiomonas cysticola, AGD, Paranucleospora theridion, POX)	
<input type="checkbox"/>	Salmonids – heart bundle, growers (PMCV, SAV, PRV)	
<input type="checkbox"/>	Salmonids – juveniles, freshwater (Costia, Branchiomonas cysticola og POX)	
<input type="checkbox"/>	Lumpfish – sea site (LFV, Aeromonas salmonicida, Pasteurella sp, Pseudomonas anguilliseptica)	

Heart		
<input type="checkbox"/> ISAV Infectious Salmon Anemia Virus	<input type="checkbox"/> SAV Salmonid Alphavirus	<input type="checkbox"/> PRV Piscine orthoreovirus
<input type="checkbox"/> Kidney	<input type="checkbox"/> <i>Salmoxcellia vastator</i>	<input type="checkbox"/> PRV3
<input type="checkbox"/> Spironucleus salmonicida	<input type="checkbox"/> PMCV Piscine myocarditisvirus	

Gill		
<input type="checkbox"/> <i>Branchiomonas cysticola</i>	<input type="checkbox"/> <i>Clavochlamydia salmonicola</i>	<input type="checkbox"/> AGD <i>Paramoeba perurans</i>
<input type="checkbox"/> HPR0 Avirulent Infectious Salmon Anemia Virus	<input type="checkbox"/> <i>Paranucleospora theridion</i>	<input type="checkbox"/> SGPV Salmon Gill Poxvirus
<input type="checkbox"/> <i>Tenacibaculum maritimum</i>	<input type="checkbox"/> <i>Parvicapsula pseudobranchiola</i>	<input type="checkbox"/> ASPV Atlantic Salmon Paramyxovirus

Kidney		
<input type="checkbox"/> <i>Aliivibrio salmonicida</i>	<input type="checkbox"/> IPNV Infectious Pancreatic Necrosis virus	<input type="checkbox"/> <i>Yersinia ruckeri</i>
<input type="checkbox"/> <i>Aeromonas salmonicida</i>	<input type="checkbox"/> Vaccine differentiation*	<input type="checkbox"/> <i>Nucleospora cyclopteri</i>
<input type="checkbox"/> subtype 1 (classic furunculosis)	<input type="checkbox"/> <i>Flavobacterium psychrophilum</i>	<input type="checkbox"/> <i>Pasteurella skyensis</i>
<input type="checkbox"/> subtype 3 (atypical furunculosis)	<input type="checkbox"/> CluTV Cyclopterus lumpus Totivirus	<input type="checkbox"/> <i>Mycobacterium salmoniphilum</i>
<input type="checkbox"/> subtype 5 / subtype 6 (atypical furunculosis)	<input type="checkbox"/> LFV Lumpfish Flavivirus	<input type="checkbox"/> BKD <i>Renibacterium salmoninarum</i>
<input type="checkbox"/> <i>Vibrio anguillarum</i> O1		
<input type="checkbox"/> <i>Vibrio anguillarum</i> O2α		
<input type="checkbox"/> Triple analysis for <i>Vibrio anguillarum</i>	Analysis for <i>Vibrio anguillarum</i> O1, O2α and universal (all known variants of the bacterium)	

Ulcers		
<input type="checkbox"/> <i>Tenacibaculum</i> sp.	<input type="checkbox"/> <i>Moritella viscosa</i>	Analysis to distinguish between classic type of <i>Moritella viscosa</i> and variant types of the bacterium
	<input type="checkbox"/> Variant / classic	

Other		
<input type="checkbox"/> AHRV Atlantic Halibut Reovirus	<input type="checkbox"/> <i>Costia Ichtyobodo</i> spp.	<input type="checkbox"/> <i>Francicella philomiragia</i> ssp. <i>noatunensis</i>
<input type="checkbox"/> IHNV Infectious Haematopoetic Necrosis Virus	<input type="checkbox"/> SRS <i>Piscirickettsia salmonis</i>	
<input type="checkbox"/> VNN Nodavirus	<input type="checkbox"/> EHNV Epizootic Haematopoietic Necrosis Virus	

Broodfish	Please specify the desired tissue for the analysis below:
<input type="checkbox"/> CluCV Cyclopterus lumpus Coronavirus:	
<input type="checkbox"/> LFV Lumpfish Flavivirus:	
<input type="checkbox"/> <i>Pasteurella</i> sp:	

* Vaccine differentiation is used to determine if positive results are caused by vaccines (Alpha Ject micro 6 or Alpha Ject micro 7 ILA) or real virus infection