

Form FFC-3. Diagnosis, Treatment, and Mortality Record for Clinical Field Trials Using Aquaflor[®] as Feed Additive under INAD #10-697

- Instructions:**
1. Fully fill out this report no later than 10 days after completion of the 21-day post-treatment observation period. Attach lab reports and other information.
 2. Investigator should sign the form, and archive the original in station files. Send a copy of the form to the Monitor. Within 10 days of receipt, the Monitor should send a copy to the Study Director for inclusion in the permanent file.

SITE INFORMATION

Facility	
Reporting Individual	

FISH CULTURE AND DRUG TREATMENT INFORMATION

Fish species treated		Fish disease treated	
Average fish/pound		Average fish length	
Number of fish per experimental unit (indicate tank, raceway, or pond)			
Number of treated units		Number of control units	
Total weight of fish treated (lbs or kg)		Feed rate (% BW/day)	
Treatment duration	10 days	Total medicated feed fed (lbs or kg)	
Aquaflor [®] lot number		Florfenicol dosage (i.e., 10 or 15 mg per kg fish body weight)	
Aquaflor [®] premix used to prepare medicated feed (g)			
Feed type (manufacturer/moist vs dry/size)			
Feeding method (hand, auto, demand)			
Preparation of Aquaflor [®] treated feed (top-dressed at facility or prepared by feed manufacturer)			
Date treatment started		Date treatment ended	

WATER QUALITY PARAMETERS

Ave pre-treatment temp (°F)		Dissolved oxygen (mg/L)	
Ave treatment temp (°F)		pH	
Ave post-treatment temp (°F)		Hardness - CaCO ₃ (mg/L)	

Form FFC-3. Daily Mortality Record

INSTRUCTIONS

Enter today's date (mo/day) and water temp (°F.). Enter the rearing unit numbers at the head of each column for each test or control unit in the study. Enter "T" if the unit is designated in the study to receive treatment. Enter "C" if the unit is designated as an untreated control unit. Also enter the number of fish in each rearing unit at the start of the study. Enter each days total mortality for each unit in the proper column. Use additional copies of this form for additional rearing units or additional days of observation.

			Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	
		T or C							
		# Fish							
Day	Date	Water Temp	Mortality #	Mortality #	Mortality #	Mortality #	Mortality #	Mortality #	Observer Initials
Pre-treatment Period									
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
Treatment Period									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

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			Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	
		T or C							
		# Fish							
Day	Date	Water Temp	Mortality #	Mortality #	Mortality #	Mortality #	Mortality #	Mortality #	Observer Initials
Post-treatment period									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									

Results: Explain outcome of treatment. Describe in detail exactly how treatment worked. Was treatment successful? If not, why not? Attach pathology reports; Both Pre-and Post-Treatment.

Toxicity Observations: (Report any negative reaction of fish; did treatment harm fish?)

Drug Discharge Resulting from Treatment: Calculate actual FFC drug level in hatchery discharge resulting from treatments. Use Addendum 2: Discharge Worksheet for calculations and attach completed Discharge Worksheet to this form. Also indicate method of disposal (if any) of FFC-bearing solid wastes.

Observed Withdrawal Period: (Investigator should initial the appropriate box below)

21 day withdrawal period for salmonid species.

28 day withdrawal period for non-salmonid species.

Estimated number of days between last treatment and first availability of fish for human consumption (ensure this time period meets the withdrawal period). _____

Disposition of Unused or Spoiled Aquaflor[®] Treated Feed:

_____ **Negative Report:** Aquaflor[®] treated feed was not used at this facility under this Study Protocol Number. (Investigator should initial for negative reports.)

Date prepared _____ Investigator _____

Date reviewed _____ Monitor _____