

Form 3. Diagnosis, Treatment, and Mortality Record for Clinical Field Trials Using Formalin Under INAD #9013

- Instructions:**
1. Form should be completed as soon as possible after completion of study.
 2. Sign the form, and send one copy to your Study Monitor for review.
 3. Original data form should be archived at investigating facility.

Site Information:

Facility name and trial #: _____
Investigator (print name): _____

Reporting Individual (if not Investigator): _____

Telephone Number: _____ FAX: _____

Fish Culture and Drug Treatment Information:

Commercial drug name: _____ Date received: _____

Amount drug received (liters): _____ Drug lot number: _____

TREATMENT OF FISH

Species Treated: _____	Treatment frequency (e.g. daily): _____
Date treatment started: _____	Date of final treatment: _____
Treatment period (days): _____	Number of treatments: _____
Drug dosage (mg/L): _____	Treatment duration (min.): _____
Number of fish treated: _____	Number of units treated: _____
Number of control fish: _____	Number of control units: _____
Severity of fungal infection prior to treatment (circle one):	1) Prophylactic treatment 2) Mild infection 3) Severe Infection

TREATMENT OF EGGS

Species Treated: _____	Treatment frequency (e.g. daily): _____
Date treatment started: _____	Date of final treatment: _____
Drug dosage (mg/L): _____	Treatment duration (min.): _____
Incubation system (Heath trays or jars): _____	If Heath trays, number of trays/stack: _____
Number of eggs treated: _____	Number of jars/stacks treated: _____
Number of control eggs: _____	Number of control jars/stacks: _____
Number of eggs per jar or tray: _____	

Treatment Parameters by Individual Rearing Unit¹

TREATMENT PARAMETER	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #
Treated or Untreated						
Treatment Method ²						
Fish weight (g)						
Fish length (in)						
Fish number						
Rearing unit type ³						
Rearing unit size (ft ³)						
Flow (gpm)						
Ave pretreat temp (°F)						
Ave treatment temp (°F)						
Ave post-treat temp (°F)						
Dissolved oxygen						
pH						
Hardness - CaCO ₃ mg/L						
Estimated NH ₄						

¹ These treatment parameters were designed specifically for the treatment of fish. Certain parameters may not apply to egg treatments, while others may require some "extrapolation" (e.g. rearing unit type = incubation unit type). Please address all pertinent parameters.

² Flow-through treatment (FT) or static treatment (ST)

³ Tank, Raceway, Pond, etc.

Results: (Describe details of study and attach copies of original source data sheets. Please provide any additional information (e.g. apparent drug toxicity, adverse results, negative responses, results of bacterial examinations, etc.) that may be useful when analyzing data and preparing reports. Any extenuating or mitigating circumstances that might affect treatment results need to be reported. Attach additional notes/reports if necessary.)

Daily Mortality Record - Fish

Study Number: _____ Fish Lot Number: _____

Day	Date	Formalin Treatment ¹ (mg/L : minutes)	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #
10		XXXXXXXXXXXXXXXXXX						
9		XXXXXXXXXXXXXXXXXX						
8		XXXXXXXXXXXXXXXXXX						
7		XXXXXXXXXXXXXXXXXX						
6		XXXXXXXXXXXXXXXXXX						
5		XXXXXXXXXXXXXXXXXX						
4		XXXXXXXXXXXXXXXXXX						
3		XXXXXXXXXXXXXXXXXX						
2		XXXXXXXXXXXXXXXXXX						
1		XXXXXXXXXXXXXXXXXX						
1								
2								
3								
4								
5								
6								
7								
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14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

¹ Formalin treatment of fish is often based on results/success of initial or previous treatment. In many cases, a multiple treatment regime is required. Please record each formalin treatment (concentration and duration) in this column.

Daily Mortality Record - Fish (cont.)

Study Number: _____ Fish Lot Number: _____

Day	Date	Formalin Treatment (mg/L : minutes)	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #	Rearing Unit #
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								

¹ If additional mortality data is available/necessary, please attach records to this page.

NOTE: At end of observation period, had mortality returned to basal levels (YES or NO). If NO, please explain:

Treatment/Viability Record - Eggs

Egg Incubator ID Number	Treated or Control Eggs	Number of Eggs	Fungus (Yes or No)	Appx % of Eggs Affected by Fungus	% Eye-up	% Hatch

The importance of establishing a record of comments/observations with respect to treatment cannot be overemphasized. Investigators are strongly encouraged to record observations/comments with respect to all phases of treatment. This may include a description of events before, during, and post-treatment. The following space is provided for such information. If more space is required, please attach supplemental sheets to this form.

DATE	COMMENTS / OBSERVATIONS

DATE	COMMENTS / OBSERVATIONS

DATE	COMMENTS / OBSERVATIONS

DATE	COMMENTS / OBSERVATIONS

DATE	COMMENTS / OBSERVATIONS

DATE	COMMENTS / OBSERVATIONS

Investigator: _____
Signature

_____ Date

Study Monitor: _____
Signature

_____ Date