



# National Wild Fish Health Survey

# Submission Form

Submitter:  Phone No:		Collection Date:  Collection Time:	Lab Case No:  (Completed by Lab)		
Location:  County:  State:		GIS Coordinates (Datum NAD 83): Latitude: ___ Deg ___ Min ___ Sec Longitude: ___ Deg ___ Min ___ Sec			
Site Description - Name of Water Body :					
Capture Method / Procedure:		Sample Type: <input type="checkbox"/> Random (routine) <input type="checkbox"/> Selective (diagnostic)			
Remarks:		Submitter Signature & Date:			
Species	No. FISH	Sample Type			Comments
		Whole	Tissue(s)	Other	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Comments:					
<b>Lab Use Only</b>					
Case Number / Laboratory ID:			Date Received:		Time:
Remarks:			Received By:		
Case Coordinator/inspector/pathologist Signature:			Date Finished:		

## Species and Sample Information

<b>SPECIES:</b>	No. FISH	No. Samples	Pool Size	Sample ID Numbers
Viral Tissue:				
Bact Cultures:				
R.sal Tissues (KD):				
Parasite Tissues: Type:				
Type:				
Comments:				

<b>SPECIES:</b>	No. FISH	No. Samples	Pool Size	Sample ID Numbers
Viral Tissue:				
Bacti Cultures:				
R.sal Tissues (KD):				
Parasite Tissues: Type:				
Type:				
Comments:				

<b>SPECIES:</b>	No. FISH	No. Samples	Pool Size	Sample ID Numbers
Viral Tissue:				
Bacti Cultures:				
R.sal Tissues (KD):				
Parasite Tissues: Type:				
Type:				
Comments:				

# National Wild Fish Health Survey Submission Form: Sample Tracking

Species:

Location:

Date:

Fish No.	Length (mm)	Weight (g)	Sex (M/F)	BHIA #	Kidney # (ELISA)	Virology sample #	Head (pool #)	other	other	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
<b>Total # samples (pools) submitted</b>										

**NOTICE**

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please be advised that:

1. The gathering of information is authorized by the Fish and Wildlife Act of 1956 (16 U.S.C. 742f), the Wildlife Coordination Act (16 U.S.C. 661-666c), and the Anadromous Fish Conservation Act (16 U.S.C. 757a – 757g).
2. Failure to provide all of the requested information is sufficient cause for the U.S. Fish and Wildlife Service to deny your request for Aquatic Animal Health Inspection under 713 FW 4.
3. You are not required to respond to a collection of information unless it displays a currently valid OMB control number.
4. This information collection has been approved by OMB and assigned clearance number 1018-XXXX.
5. The requested information may be subject to disclosure under provisions of the Freedom of Information Act (5 U.S.C. 552).

The public reporting burden for the information collected on this form is 15 minutes. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing the form. Comments on this form should be directed to the Information Collection Officer, Mail Stop 222, Arlington Square, U.S. Fish and Wildlife Service, Washington, DC 20240.