

#### RWU Aquatic Diagnostic Laboratory

#### Submission Request Form

Contact Dr. Sharon for submission

gsharon@rwu.edu OR (401) 254-3299

**A completed physical copy of this form must be submitted with all samples or the samples will not be processed**

**Date of submission:**  **Date of collection:** 

**Submitted By:** 

**Submitter’s Email**:  **Submitter’s Phone:** 

**Institution Name:** 

**Institution Address: **

**Species:**  **Type of sample:** 

(i.e., whole fish, gill or skin biopsy, parasite, etc.)

**Location of Collection** (i.e., tank or exhibit name or ID)**: **

**Number of samples and description** (live animal, name of tissue, medium used, etc.)**: **

Whole Fish, tissues or parasite samples can be shipped to the ADL.Contact Dr. Sharon concerning fish/tissue shipment method

Please ship to:

Galit Sharon

MNS Hatch

1 Old Ferry Rd

Bristol, RI 02809

**Please**

**Mark**

**All**

**Requested**

**Analysis:**

**Necropsy and Parasitology**

**Sample Collection**

**Bacterial isolation**

**Bacterial analysis (molecular)**

**Antibiotics susceptibility assay**

**Histology processing and analysis**

**Histology-Extra segments, stains and analysis**

**Molecular processing and work**

**Fish Size:**

**Extra small  Small  Medium  Large**

* **Additional analysis may be needed for diagnostics (which will add to the final cost)**
* **The ADL team will request approval before any additional tests and analysis are preformed**
* **All prices are per sample and will be multiplied according to the number of samples processed**