



BC CAHS Submission Form
CAHS-CD001 v-1.5

Submission # _____

Submission Date: _____ Time of submission: _____

Submitter: _____ Courier _____ BC CAHS Receiver: _____

CLIENT INFORMATION

We, the client, wish to retain ownership of these samples¹. Yes No

Company: _____

Case #: _____

PO #: _____

Sampling date: _____

Sampling site: _____

SAMPLE INFORMATION

Samples received/condition: Dry Ice _____ Ice Packs _____ Frozen _____ Thawed _____ Other _____

Number of samples: _____ Species: _____

Saltwater _____ Freshwater _____ Wild _____ Cultured _____ Other (details below) _____ Brood Stock _____

Sample Details:

Analysis ordered:	ATPase _____	Bio-Assay _____	Cortisol _____
	ELISA _____	PCR/qPCR* _____	Plankton _____
	Research _____	Sea Lice ID _____	Virology* _____
	Other _____ (specify) _____		

**IF fewer than 5 PCR/qPCR or virology samples or pools: Run immediately _____ Hold to be run _____*
Minimum sample # applies to ATPase, ELISA, RT-qPCR, and Virology

Targets: qPCR	IHNV _____	IPNV _____	ISAV _____	PRV _____	VHSV _____
	A. sal _____	P. sal _____	R. sal _____		
	ELF _____	Other _____	(specify) _____		
	N. perurans _____				
PCR	Kudoa _____	Other _____ (specify) _____		

Signature of Submitter: _____

BC CAHS office use only:	Project #: _____
Custodian: _____	Initial placement: _____
P.I.: _____	Diagnostic _____ Research _____

¹BC CAHS will retain rights to these samples should you select NO.