

BC CAHS Sample Submission Form

All fields should be completed if the information is to be included on the final report.
Analyses marked with ** indicate an ISO/IEC 17025:2017 accredited assay.



SUBMISSION DETAILS

Company		CAHS Submission #	
Submitter		CAHS Receipt Date	
Contact Phone #		Time of Submission	
Purchase Order #		CAHS Receiver	
Client Case #		CAHS Custodian	
Sampling Date		CAHS P.I.	
Sampling Location		CAHS Project	
		Initial Placement	

SAMPLE DETAILS (Minimum charge 5 samples)

# of samples		Species				
Other Details	<i>(Eg: tissue type, pooling, preservative, pre-transfer)</i>					
Sample Condition	Dry Ice	Frozen	Ice Packs	Thawed	RT	Other
Sample Type	Wild	Brood stock	Freshwater	Saltwater	Other	

ANALYSIS REQUIRED

	ATPase		Bacteriology		Bio-Assay
	ELISA <i>Cortisol</i>		ELISA <i>R.sal</i>		PCR
	Plankton ID		RT-qPCR		Sea Lice ID
	Virology		Water Analysis		Other

RT-qPCR Targets

	IHNv**		IPNv**		ISAv**		VHSV**
	PRV-L1**		<i>A.sal</i>		<i>P.sal</i>		<i>R.sal</i> **
	PRV-M2		<i>N.peruans</i>	Other (specify)			

Submitter's Signature

Receiver's Signature