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 (Minir

(Minimum charge 5 samples)

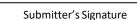
# of samples					Species	
Other Details	(Eg: tissue type, pooling, preservative, pre-transfer)					
Sample Condition	Dry Ice	Frozen	Ice Packs	Thawed	RT	Other
Sample Type	Wild	Brood stock	Fres	hwater	Saltwater	Other

ANALYSIS REQUIRED

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

RT-qPCR Targets

IHNv**	IPNv**		ISAv**	VHSv**
PRV-L1**	A.sal		P.sal	R.sal**
PRV-M2	N.peruans	Other (specify)		



Receiver's Signature