



Fill in the form and send together with the samples. Fields marked with \* is mandatory information.  
**Ship samples to: PHARMAQ Analytiq, Thormøhlensgate 53D, 5006 Bergen, Norway.**

**Contact information**

* Company		* Company address	
* Site		* Invoice e-mail address	
* Report recipient	Name		
	E-mail		
	Mobile		
Invoice reference/PO #			

**Sample material**

* Sampling date:		* No. of samples in total:							
* No. of samples per tissue									
Kidney		Gill		Milt		Ovarian fluid		Other	
* Species:									
Is the fish vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which vaccine:						
Generation	Fish group				Fish tank/cage				
<input type="checkbox"/> *If brood stock please tick this box									
<input type="checkbox"/> We do not want the sample material to be used anonymously in research or development of new methods									

**Realtime RT - PCR**

Please specify if analysis is to be performed on other tissue than stated

<b>Gill</b>		
<input type="checkbox"/> <i>Aphanomyces invadans</i>	<input type="checkbox"/> <i>Tenacibaculum maritimum</i>	
<input type="checkbox"/> Koi Herpes Virus (KHV)		
<input type="checkbox"/> Spring viremia of Carp virus (SVCV)		
<b>Kidney</b>		
<input type="checkbox"/> <i>Aeromonas salmonicida</i>	<input type="checkbox"/> <i>Streptococcus agalactiae</i> (1a, 1b, III)	<input type="checkbox"/> IPNV – Infectious Pancreatic Necrosis Virus
<input type="checkbox"/> <i>Aeromonas hydrophila</i>	<input type="checkbox"/> <i>Streptococcus agalactiae</i> 1a	<input type="checkbox"/> Iridovirus
<input type="checkbox"/> <i>Edwardsiella tarda / ictaluri</i>	<input type="checkbox"/> <i>Streptococcus agalactiae</i> 1b	<input type="checkbox"/> RSIV - Red Sea Bream Irido Virus
<input type="checkbox"/> <i>Flavobacterium columnare</i>	<input type="checkbox"/> <i>Streptococcus iniae</i>	<input type="checkbox"/> IHNV - Infectious Hematopoietic Necrosis Virus
<input type="checkbox"/> <i>Fransicella n. orientalis</i>	<input type="checkbox"/> <i>Tenacibaculum</i> sp.	<input type="checkbox"/> IHNNV - Infectious Hypodermal & Haematopoietic Necrosis Virus
<input type="checkbox"/> <i>Lactococcus garviae</i>	<input type="checkbox"/> <i>Vibrio harveyi</i>	<input type="checkbox"/> TiLV – Tilapia Lake Virus
<b>Brain/Kidney</b>		
<input type="checkbox"/> VNN - Nodavirus		



**Delivery time / Terms and Conditions**

We encourage our customers to register samples electronically at [www.insight.pharmaq.no](http://www.insight.pharmaq.no)

\* Standard delivery (5 business days)

\*\* Urgent delivery (1 business day after reception)

\* With Standard delivery time results can normally be expected within 5 business days after reception of samples.

\*\* With Urgent delivery time results can normally be expected within the first business day after reception of samples. The samples must be received by the laboratory within 12.00 AM at the reception day. Urgent delivery of results entails an urgent delivery fee of 50% addition to the price of analysis.

Sampling guides and Requisition forms, in addition to our General sales terms, can be found at our website: [www.pharmaq-analytiq.com](http://www.pharmaq-analytiq.com). By submitting samples the customer accept our General sales terms.

Date

Signature

**For internal use**

Mottatt dato og tid:

Mottatt av:

Rapport nr.:

Kommentar: