

### Requisition form - Histology

Histology pots have to be marked with fish nr and location ID (unique name / number).  
Unless you are located in Norway, ship samples to: IDEXX, Grange House, Sandbeck Way, Wetherby, West Yorkshire LS22 7DN, UK.  
Any included PCR-samples will be shipped from IDEXX to Bergen, Norway (more information on the PCR requisition form).  
If you are located in Norway, please send both histology and PCR directly to our lab in Bergen (address at the bottom of this form).

Dato of sampling:	<b>For IDEXX lab use only:</b>	Customer code: <b>P500</b> Lab reference number:
Location name / number marked on the pots:		Pots labelled:
Number of histology pots:		Number of histology pots received:

**Did you also order real time rt-PCR?**

Yes  No

**Information about the farm and fish group**

Company:		Farm:	
Responsible person for sampling:			
Report sent to:		Tlf. nr	E-post
Fish group:	Generation:	<input type="checkbox"/> Freshwater <input type="checkbox"/> Seawater	Other info:

**Sampling material:**

**Clinical condition**

**Fish species**

<input type="checkbox"/> Fry <input type="checkbox"/> Organs <input type="checkbox"/> Gills <input type="checkbox"/> Heart <input type="checkbox"/> Other .....	<input type="checkbox"/> Clinically healthy fish <input type="checkbox"/> Diseased fish <input type="checkbox"/> Dead fish	<input type="checkbox"/> Salmon <input type="checkbox"/> Rainbow trout <input type="checkbox"/> Lumpfish <input type="checkbox"/> Wrasse <input type="checkbox"/> Other .....
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**Disease problem:**

Description of the situation: <ul style="list-style-type: none"> <li>• Disease signs</li> <li>• Autopsy findings</li> <li>• Disease progress over time</li> <li>• Number of diseased fish</li> <li>• Appetite</li> <li>• Additional testing results</li> <li>• Treatment</li> <li>• Other</li> </ul>	
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**Time in the lab**

Urgent  
 Routine processing  
 R&D

Date and signature