



AQUATIC ANIMAL HEALTH AND LABORATORY SERVICES CENTRE
DEPARTMENT OF FISHERIES
MINISTRY OF PRIMARY RESOURCES AND TOURISM
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Date / Tarikh: _____

GENERAL SUBMISSION FORM
BORANG PEMERIKSAAN UMUM
(Please complete ALL sections / *Sila isikan SEMUA keterangan*)

1. CLIENT INFORMATION / MAKLUMAT PELANGGAN		
Name: Nama	REPORT TO / DILAPORKAN KEPADA	
Company: Syarikat	Name: Nama	
Address: Alamat	Address: Alamat	
Phone: Telepon	Email: Emel	
2. PURPOSE OF SUBMISSION / TUJUAN PEMERIKSAAN		
Disease diagnosis / <i>Diagnosis penyakit</i> <input type="checkbox"/>	Surveillance / <i>Pemantauan</i> <input type="checkbox"/>	
Health assessment / <i>Penilaian kesihatan</i> <input type="checkbox"/>	Stocking density / <i>Jumlah stoking:</i> Date of stocking / <i>Tarikh stoking:</i>	
Others (Please specify) <i>Lain-lain (Sila nyatakan)</i> <input type="checkbox"/>	Import <input type="checkbox"/> Date of import / <i>Tarikh import:</i> Importing country / <i>Negeri import:</i>	
3. SAMPLE DETAILS / MAKLUMAT SAMPEL		
Species / <i>Spesis</i> <input type="text"/>	Age / <i>Umur</i> <input type="text"/>	
Size / <i>Saiz</i> <input type="text"/>	Weight / <i>Berat</i> <input type="text"/>	
Sample condition <i>Keadaan sampel</i>	<input type="checkbox"/> Dead <i>Mati</i> <input type="checkbox"/> Live <i>Hidup</i> <input type="checkbox"/> Fixed / Preserved <i>Di awet</i> <input type="checkbox"/> Date / Time of fixation <i>Tarikh / Jam pengawetan</i>	
<input type="radio"/> Chilled at 4°C - Yes / No <i>Disejukkan pada suhu 4°C - Ya / Tidak</i> <input type="radio"/> Date & Time of demise: <i>Tarikh & Jam kematian</i>		
Sample description <i>Keterangan sampel</i>	<input type="checkbox"/> Whole body <input type="checkbox"/> Organ/Tissue* <input type="checkbox"/> DNA/RNA <input type="checkbox"/> Others*	
* Please specify: <i>Sila nyatakan</i> _____		
Sample / Pond / Tank ID: <i>ID Sampel / Kolam / Tangki</i>	No. submitted: <i>Bil. dihantar</i>	Sampling date / Time: <i>Tarikh / Jam sampel</i>

4. MANAGEMENT / PENGURUSAN

- Land based-mud / Cement ponds / Glass / Tanks
 Hatchery / Nursery / Grow-out / Holding
 Floating net cage farm

Types of feed:

- Pellet feed—Brand:
 Trash fish
 Others—please specify:

Water quality details:

Temperature: _____ °C
 DO : _____ ppm
 Salinity : _____ ppt
 pH: _____

5. CLINICAL HISTORY / SEJARAH KLINIKAL

Stress factors acclimatization overcrowding temperature transport diet change
 grading water change algae **Other (specify)** _____

Signs of Diseases no signs sudden death loss of balance fin / tail rot skin lesion / ulcer
 gill lesion / nodule pop eye swollen belly **Other (specify)** _____

History Increasing mortality Low grade mortality Only clinical signs, no mortality
 Duration of problem _____ days / weeks No. cages / tanks / ponds affected _____
 No. animals stocked _____ No. animals dead _____
 Vaccination / treatment (type / date given / duration) _____

6. TESTING SERVICES / PERKHIDMATAN UJIAN **Virology (PCR) - Shrimp**

- White Spot Syndrome Virus (WSSV)
- Infectious Hypodermal and Hematopoietic Necrosis Virus (IHHNV)
- Infectious Myonecrosis Virus (IMNV)
- Taura Syndrome Virus (TSV)
- Yellow Head Virus Genotype 1 (YHV)
- Acute Hepatopancreatic Necrosis Disease (AHPND)
- Enterocytozoon hepatopenaei* (EHP)
- Macrobrachium rosenbergii Nodavirus (MrNV)
- Hepatopancreatic Parvo-like Virus (HPV)
- Monodon Baculovirus (MBV)
- Decapod Iridescent Virus 1 (DIV-1)
- Others: _____

 Virology (PCR) - Fish

- Viral Nervous Necrosis (VNN)
- Iridovirus
- Tilapia Lake Virus (TiLV)
- Scale Drop Disease Virus (SDDV)
- Lates calcarifer* Herpesvirus (LCHV)

 Water Quality

- Ammonia
- Nitrite
- Manganese
- Iron
- Zinc

 Histology **Bacteriology** **Parasitology** **Others (Please Specify):** _____

By submitting this form, the client confirms that all information provided is accurate, understands and agrees to the laboratory's testing procedures, and the results generated are only from the samples submitted. The laboratory shall not be held responsible for any outcome of specific information/instruction given by the client.

Dengan menyerahkan borang ini, pelanggan mengesahkan bahawa semua maklumat yang diberikan adalah tepat dan bersetuju dengan prosedur ujian makmal, dan keputusan yang dihasilkan adalah daripada sampel yang diserahkan. Pihak makmal tidak akan bertanggungjawab atas sebarang hasil atau permasalahan yang timbul daripada maklumat atau arahan khusus yang diberikan oleh pihak pelanggan.

7. DETAILS OF SUBMITTER / MAKLUMAT PENGHANTAR

Name
 Nama

Signature
 Tandatangan

Date
 Tarikh

FOR AAHLSC USE

Received by:

Date & Time Received:

| ABL:

ABL: