Aquatic Animal Health Program					Dept. of Microbiology and Immunology College of Veterinary Medicine Cornell University Ithaca, NY 14853				
GENERAL SUBMISSION ACCESSION FORM					Tel: (607) 253-4028			Fax: (607) 253-3384	
For AAHP use only: PLEASE LEGIBLY COMPLETE AS MUCH INFORMATION AS POSSIBLE Accession Number:									
Date Received:					Internal reference number:				
				NYSDEC Survey number:					
Accession Information:					FIN number:				
Primary Contact:									
Address:						City:			
					State/Country: Zip:				
Tel: Fax:					E-mail:				
Case History: An adequate history must accompany all submissions.									
System type:									
						Population size:			
Date of onset:									
No. affected:									
	No. dead:								
Clinical/Presumptive Diagnosis:									
Signalment: Date collected:									
Location found: Collected by:									
Sample Identification									
No.	Species/Type	S	ex	Age		Length	Weight	Condition	
Please use back or additional form if more space is needed.									
Wate	er Quality Parameters: Measure	ement date:							
Temperature: Nitrite:					Total Ammonia:				
Dissolved O2:Nitrate:pH:Hardness:				Unionized Ammonia: Alkalinity:					
	Other measurements:								
Additional notes/observations:									