



Application for Fish Health Inspection

MN DNR Fish Health Lab

Hatchery/Facility Information:

Applicant's Name:	Telephone Number:	Cell Number: (Optional)
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Hatchery/Facility Name:	Hatchery License Number:	Email address
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Address: _____

Send billing invoices via (check one): Standard mail to address listed email address listed

Fish Health Sample Collector Information:

*Collector Name: _____ Phone # _____ Address: _____ City: _____ State: __ Zip: _____ *Collector is the one who is approved by DNR to collect fish sample for fish disease testing.	Collection Date: _____ Total trip miles: _____ Time spent for collection: _____ The States owner wish to sell fish to: _____	Collector's Signature _____ License # if applicable: _____ Date: _____
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Waterbody & DOW#	Pond #	Species:	Age**	Number collected	Total # Fish in water body	Specimen Type:	Tests Requested
						<input type="checkbox"/> fish <input type="checkbox"/> kidney/spleen <input type="checkbox"/> OV-FLD <input type="checkbox"/> viscera	<input type="checkbox"/> VHS only <input type="checkbox"/> Heterosporis <input type="checkbox"/> bacterial <input type="checkbox"/> virology <input type="checkbox"/> assessment
						<input type="checkbox"/> fish <input type="checkbox"/> kidney/spleen <input type="checkbox"/> OV-FLD <input type="checkbox"/> viscera	<input type="checkbox"/> VHS only <input type="checkbox"/> Heterosporis <input type="checkbox"/> bacterial <input type="checkbox"/> virology <input type="checkbox"/> assessment
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						<input type="checkbox"/> fish <input type="checkbox"/> kidney/spleen <input type="checkbox"/> OV-FLD <input type="checkbox"/> viscera	<input type="checkbox"/> VHS only <input type="checkbox"/> Heterosporis <input type="checkbox"/> bacterial <input type="checkbox"/> virology <input type="checkbox"/> assessment

Address to send samples: **MN DNR, Division of Fish and Wildlife** **Age: F=Fingerling B=Brood or adult
 Fish Health Lab - 500 Lafayette Road Y=Yearling
 St. Paul, MN 55155 email: fish.health.laboratory.dnr@state.mn.us