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#### RWU Aquatic Diagnostic Laboratory Bivalve Submission Request Form

Contact Dr. Sharon (gsharon@rwu.edu; [401] 254-3299) for submission

**A completed physical copy of this form must be submitted with animals or the animals will not be processed**

 **Date of submission:**  **Date of collection:** 

**Delivered by:** 

**Bivalve Grower:**  **Phone:** 

**Email of Grower** (**where results will be sent**): 

 **Address of Grower: **

**Species:**  **No. An. Submitted:** 

**Location of Collection: **

**Hatchery origin: **

**Seed ploidy/other strain descriptors:** 

**Reason for submission:** 

1. **Disease outbreak diagnosis** (minimum 33 juvenile/adults > 1.5 inch shell height)
2. **Health examination before transport to a new location** (minimum 65 juvenile/adults

> 1.5 inch shell height and minimum of 130 animals if <1.5 inch)

1. **Monitoring current population in area/lease/plot** (minimum 33 juvenile/adults >1.5 inch shell height)
2. **Others sizes**—**please contact Dr. Smolowitz**.

**We are participating in a long term multi-year project that is collecting data on the health status of bivalve populations along the U.S. coast. This data will be entered into an on-line website that will be made available to the bivalve community, extension agents, and regulators. The data is not identified by owner or farm name, and will be pooled with other data from the same region in your state.**

Please sign below if you approve of our use of your data in this project.

**I, the farm owner, allow the use of my data in this project.**

**Signature of owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**