

**State of New York  
Department of Environmental Conservation  
Fish Health Certification Report**

<sup>1</sup>CASE# \_\_\_\_\_

**<sup>2</sup>Business**

|                      |            |
|----------------------|------------|
| Name:                |            |
| Owner/Manager:       |            |
| Address:             |            |
|                      |            |
| Town/City:           |            |
| State:               | Zip:       |
| Phone: ( ) -         | Fax: ( ) - |
| Permit or License #: |            |

**<sup>3</sup>Testing Facility / Diagnostic Lab**

|                |            |
|----------------|------------|
| Name:          |            |
| Owner/Manager: |            |
| Address:       |            |
|                |            |
| Town/City:     |            |
| State:         | Zip:       |
| Phone: ( ) -   | Fax: ( ) - |
|                |            |

**<sup>4</sup> Wild Fish Sample - Water Body Source**

|             |        |         |
|-------------|--------|---------|
| Water Body: | State: | County: |
|-------------|--------|---------|

| <b><sup>5</sup>Fish Sample</b> |       |          |             | <b><sup>6</sup>Testing Results</b>   |    |     |     |     |                |     |     |  |  |
|--------------------------------|-------|----------|-------------|--|----|-----|-----|-----|----------------|-----|-----|--|--|
| Species                        | Lot # | Lot Size | Sample Size | ENTER: "Pos" if disease is found or "Neg" if disease is tested for but not found |    |     |     |     |                |     |     |  |  |
|                                |       |          |             | Salmonids And Other Species  |    |     |     |     | Salmonids Only |     |     |  |  |
|                                |       |          |             | VHS  | BF | ERM | IPN | SVC | WD             | BKD | IHN |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |
|                                |       |          |             |  |    |     |     |     |                |     |     |  |  |

VHS – Viral Hemorrhagic Septicemia  
 BF – Bacterial Furunculosis  
 ERM – Enteric Redmouth  
 IPN – Infectious Pancreatic Necrosis

SVC – Spring Viremia of Carp  
 WD – Whirling Disease  
 BKD – Bacterial Kidney Disease  
 IHN – Infectious Hematopoietic Necrosis

**<sup>7</sup>Sample Collector Statement**

I certify that my qualifications to make this collection are in accordance with Section 188.2 of the New York Code of Rules and Regulations. I further certify that the fish for this inspection were collected in accordance with the standard procedures identified in: American Fisheries Society Blue Book  OIE Manual of Diagnostic Tests for Aquatic Animals

|                             |                       |                 |
|-----------------------------|-----------------------|-----------------|
| Company/Agency Name         | Address               | Phone<br>/ /    |
| Collected By (please print) | Collector's Signature | Title           |
|                             |                       | Collection Date |

**<sup>8</sup>Inspector's Statement**

I certify that my qualifications to make this inspection are in accordance with Section 188.2 of the New York Code of Rules and Regulations. I further certify that the fish from the business above were diagnosed in accordance with the standard procedures identified in: American Fisheries Society Blue Book  OIE Manual of Diagnostic Tests for Aquatic Animals

|                             |                       |              |
|-----------------------------|-----------------------|--------------|
| Company/Agency Name         | Address               | Phone<br>/ / |
| Inspected By (please print) | Inspector's Signature | Title        |
|                             |                       | Date         |

## Return Copy of Completed Form To:

### New York State Department of Environmental Conservation

#### Division of Fish, Wildlife & Marine Resources

##### Bureau of Fisheries, 5<sup>th</sup> Floor

625 Broadway, Albany, New York 12233-4753

Phone: (518) 402-8920 • FAX: (518) 402-8925

Website: [www.dec.state.ny.us](http://www.dec.state.ny.us)

## Instructions - Fish Health Certification Report

This form is to be used to satisfy the fish health inspection requirements as outlined in Part 188 of Title 6 of NYCRR, entitled "Fish Health Inspection Requirements". Fish samples must be collected by a qualified individual and inspected in accordance with the standard procedures identified in the American Fisheries Society Blue Book or the OIE Manual of Diagnostic Tests for Aquatic Animals. The person collecting fish samples for inspection is responsible for filling out all of the items on this form except for the <sup>3</sup>Testing Facility, <sup>6</sup>Testing Results and the <sup>8</sup>Inspectors Statement and sending both the form and the sample to a qualified testing facility.

1. **Case #.** If applicable, enter a case number or inspection number that uniquely identifies this inspection from other fish health inspections that may be performed for this facility.
2. **Business.** Enter the name, address, contact information and if applicable the permit or license number of the business/facility (Hatchery, Fish Farm, Holding Facility, Bait fish Collector/Seller, etc) that possesses the fish being inspected.
3. **Testing Facility / Diagnostic Lab.** Inspector – enter the name, address and contact information of the testing facility performing the inspection.
4. **Wild Fish Sample – Water Body Source.** Enter the name of the source water body if the fish inspected originated from the wild.
5. **Fish Sample.** The collector must record the species being tested and the size of the sample. Please do not abbreviate the name of the species. If applicable, the collector should enter the information for lot number and lot size. See definition of a lot below.
6. **Testing Results.** Inspector – enter the results of your testing. Enter either "Pos" (if disease is found) or "Neg" (if disease is tested for but not found) for each disease test.
7. **Collector's Statement of Findings.** The person performing the fish collection for inspection must sign and date the form to render it a valid fish health certificate. The date the fish were collected for diagnosis is the official reference date for the inspection
8. **Inspector's Statement of Findings.** Inspector – the person performing the inspection must sign and date the form to render it a valid fish health certificate.
9. **Reporting.** Inspector – return completed original to business and a copy to the address above. A copy of the completed report must be mailed or faxed to the NYSDEC at the address stated above within 7 days of the date of fish health inspection to render the certificate valid.

**LOT:** A lot of fish is a group of non-brood stock (breeding fish) of the same species that have continuously shared a common water source throughout their life history." For the purposes of collecting bait fish, a "lot" of fish is a pooled collection of a single species that is held in a self contained holding structure. A new lot of fish is formed every time new fish are added to an existing "lot." When fish from distinct lots are combined, they form a newly distinct lot. Unless coming from an inspected / certified source, adding fish to a certified disease free lot will render the receiving lot uncertified.