



Aquaculture Laboratory
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aquaculture.arkansas.gov

LAB USE ONLY

Case ID: _____

AQUACULTURE DIAGNOSTIC SAMPLE SUBMISSION

1. Company _____

2. Contact/Owner _____

3. Address _____ Phone _____ Fax _____

Email address _____

4. Issues experiencing/why the fish or water sample is being submitted?

5. Species description:

SPECIES	AGE	SIZE(cm)

6. System description:

- ☐ Pond
- ☐ Tank
- ☐ Recirculating
- ☐ Flowthrough
- ☐ Well Water
- ☐ Groundwater
- ☐ City

7. Water Quality:

a. Known problems _____

b. Samples submitted _____

8. Associated stressors: Toxin (Agriculture/Natural) _____

*Please note that all the information provided to the Diagnostic Lab is kept confidential.