



MYSTIC AQUARIUM

Sample Submission Information Release Form

Please provide a list of all samples to be tested and include the following information: animal ID number and/or name, date sample was collected, species, age, sex, and the location where the animal was initially found/collected (if applicable). For more detailed instructions regarding sample preparation, labeling, and shipping, please refer to the *'Mystic Aquarium and Institute for Exploration Labeling and Desired Sample Guidelines'*. Samples provided without the above minimal data cannot be processed.

The Mystic Aquarium and Institute for Exploration Sample Submission Information Release Form states that the institutional information, animal information, and any associated test results will remain strictly confidential unless otherwise directed by selecting either option 2 or 3 below. Option 2 provides for institutional confidentiality yet will permit us to utilize the results of these tests for the advancement of our knowledge of this condition.

Please select from the following options:

1. We (Submitting Institution) require that the institutional information, animal information and any associated test results remain confidential at all times and in all circumstances.

2. We (Submitting Institution) hereby give permission to Mystic Aquarium and Institute for Exploration to report animal information (excluding the animal identification number/name) and associated test results for the purpose of determining and gaining epidemiologic and diagnostic information in the form of publications. The institutional information however, must remain confidential at all times and in all circumstances.

3. We (Submitting Institution) hereby give permission to Mystic Aquarium and Institute for Exploration to report the institutional information and animal information in association with the sample results for the purpose of determining and gaining epidemiologic and diagnostic information in the form of publications. Note: The submitting institution will be acknowledged within any publication in which the results are used.

Signature of Animal Care Director/Veterinarian

Date

Print Name