

State of Utah

GARY R. HERBERT Governor

SPENCER J. COX Lieutenant Governor

Department of Agriculture and Food

LUANN ADAMS
Commissioner

SCOTT ERICKSEN

Deputy Commissioner

CODY JAMES

Director of Animal Industry Division

BARRY PITTMAN, DVM

State Veterinarian

2 December 2015

Neal Barker, Owner Cold Springs Trout Farm 2284 N. Fruitland Dr. N. Ogden, Utah 84414

Subject: Cold Springs Trout Farm North fish health approval (Log No. 15-362)

Dear Neal,

I have received your 2015 fish health inspection report from the Washington Animal Disease Diagnostic Lab (WADDL) and have assigned fish health approval number FHA153621115UT to Cold Springs Trout Farm North. This number is valid for the sale of diploid and sterile rainbow, brown and brook trout, tiger trout and hybrid striped bass through 3 January 2017. The number is also valid for the sale of bluegill through 22 July 2016. Please let me know if you would rather have a separate number for bluegill, since they are on a different inspection schedule.

No nuisance species were detected during the inspection for aquatic nuisance species conducted on November 6, 2015.

Thank you for your valuable assistance with the licensing process.

Please call (801) 538-7046 if you have any questions or if I can be of further assistance.

Best regards,

Anna Marie Forest, Manager

ama Marier toust

Fish Health Program

Utah Department of Agriculture and Food

ACCESSION FORM FOR GENERAL DIAGNOSTICS

Washington Animal Disease Diagnostic Laboratory College of Veterinary Medicine, Washington State University Web Site: http://waddl.vetmed.wsu.edu

US Postal Service malling address:
PO Box 647034
Pullman WA 99164-7034

UPS, FedEx or Courier shipping address: Bustad Hail, Rm.155-N

Phone: (509) 335-9696 FAX: (509) 335 7424

	Pullman, WA. 99		Pullman, W	A. 99164-7034	E-Mail:	waddl@vetmed.wsu.edu	# u # c
Veterinaria	se black ink and print of in or Last dinator: Name;	Forest		First Nam	e: An	nc	Forest, Cold Sp Fish sp. ,a,ab,av
Clinic:	While	Dentil	Δο				S Springs
Street addr		7 7	7	Malling Address or PO Box:			1400 Forest, Anna Cold Springs Trout Tish sp. a,ab,av
City:		3 - 10	S	late:	Zip:		
Phone:		Fax:		E-mail:			
Owner: Last Name fir	et Cold Sy		· -	Guardian Name: (if owner is under 18)			WAR STATE
Farm Name		9		First Time	Submitter?	Yes No	
Street addr	ess:			Mailing Address or PO Box:			11/03/
City;				State:	Zlp:		31.5
Phone:		Fax:	E-	mail:			O.
Billing:	Owner	Cilnic	3rd Party (pres	approval required)	Please note: V	VADDL polloy is to bill the clinic	of provided, unless prepaid
Reporting		Mail	Fax	Web access -	register on w	eb site at http://waddl.ve	tmed.wsu.edu
Specimen(s)	npletely as possible: Submitted:					Date	: 11/2/15
	ADDL Animal ID					Collected Date	: 01/13
Sheet for multip		Mirology		Bacteriology		Shipped:	
Tests Requested:	Necropsy Histopathol	ogy Serolog		sacteriology Aycoplasma culture		PCR	
	Toxicology	Fungal		Parasitology		Other:	
Note: WADDL n Animal ID (nam		odify the tests requested for Species	or more efficient case t	vork-up and / or to send Breed	specimens to ou	itside laboratories to perform to	esting not done at WADDL. Animal Weight
				total evidence?			
Location of Les	ion		No. In group	No. Dead	No. Sick	No. on Premises	Duration of Problem
	euthanized? If so	o, what method?					
Additional History:		gns, stress factors, tre lumbers. (Attach add	itional sheets as n		ent feed or fe	ed additives, clinical lab i	esults, previous
			760	7 7 2	•		
WADDL is a						ens, requires identification	n of animals, date of
	fy that the speci	ole collection, and sign mens submitted with		collected by me fro	m the anima	l(s) described on the d	ate indicated."
Veterinarian's, or Owner's Sig					ondition(s) ispected:		

State of Utah Utah Department of Agriculture and Food FISH HEALTH SAMPLE COLLECTION FORM

UDAF Log Number: 15-337

1	The biological samples above the above named facility on the and knowledge. I concent that purpose of pathogen analysis	OF = ovari 1 Use 2 For h	N/A 0	9 WPSW		 	7 RTTP		6 RT		5 BN		4 BK		3 RT		2 BN		BK		Lot # Species			UTM East	UTM North		Address or Location:	Name of Fish Source:
Hatchery Owner or Agent	ples above and/or on facility on the date and concent that the sample en analysis.	ovarian fluid; K/S = kidney/spleen; WV = whole viscera; WF Use standard abbreviations (see species codes worksheet) For hatchery fish, give age in months and length in inches.		6"	o,	5 inch	L	4 month	5 inch	to month		10 months		To month		2-41 year		2-4 year			es Age/Length			0	0	North Ogden, UT 84114	on: 2284 North Fruitland Drive	rce: Cold Springs Trout Farm
ent	additional pa by the coller es be shippe	pleen; WV = (see specie in months an		17 anothe 3,000		25 000	10,000		25,000	•	10,000		10,000		500		500		500		# in Lot		FISH EXAMINED			T 84114	tland Drive	out Farm
	The biological samples above and/or on additional pages were collected from fish at the above named facility on the date and by the collector(s) listed, with my approval and knowledge. I concent that the samples be shipped to the named laboratory for the purpose of pathogen analysis.	OF = ovarian fluid; K/S = kidney/spleen; WV = whole viscera; WF = whole fish; BKD = kidney; MC = <i>M. cerebralis</i> ; AT = Asian Tapeworm 1 Use standard abbreviations (see species codes worksheet) 2 For hatchery fish, give age in months and length in inches.		KEO 30 - 101 95	30 lot 9A	Cold Springs	Spring lake and Trout Lodge		Cold Springs		Cold Springs		Cold Springs		Cold Springs		Cold Springs		Cold Springs		Hatchery Lot # /Obtained as Eggs (E) or Fish (F)		MINED			The state of the state of the		•
	Type of Inspection: Annual Health Inspection Supplemental Inspection Diagnostic Research	<d =="" kidney;="" mc="</td"><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>(E) or Fish (F)</td><td></td><td></td><td></td><td></td><td>Testing Laboratory:</td><td>Telephone Number</td><td>Name of Owner or Manager:</td></d>																			(E) or Fish (F)					Testing Laboratory:	Telephone Number	Name of Owner or Manager:
	on: nspection	M. cerebr				Taylor and										60		60		66	유					ory:	ber:	or Manage
[elis; AT = £		Н	60	8	3	60		60		60		60							K/S W/	Virology		Seatt	Busta	WAD	801-7	
		\sian Tape										District of the last		To the second							VF		Number	Seattle, WA 95185-7705	Bustad Hall, Room	WADDL, Jim Thompson	801-710-4905	Neal Barker
8	The bic site sp	worm				STATE OF				60				60		No. of Lot					AGAR BKD	Bacteriology	er of Samples	85-7705	om 155-N,	ompson		- 1
Fist	The biological samples listed above were collected under my supervision at the site specified for pathogen analysis at the laboratory(s) specified.									60											MC AT	Parasites						
ı Health In	s listed abo					10													0		Blood							
Fish Health Inspector In Charge	ove were collec			Collected 11/2	Collection 11/2	Collected 11/2	Collected 11/2		Collected 11/2		Collected 11/2		Collected 11/3		Collected 11/3		Collected 11/3		Collected 11/3							Collector(s):		Collection Date:
rge	zted under my atory(s) specif																				Remarks				Dr. Barry Pittman	Anna Marie Forest		
	supervision īed.	12																			"				nan)rest		11/2-3/2015
	at the																							1	1	1		

State of Utah Utah Department of Agriculture and Food FISH HEALTH SAMPLE COLLECTION FORM

UDAF Log Number: 15-337

	7	The biolog the above and know	2 1 9	NA	ဖ	∞	7	თ	O	4	ω	2	-3	Lot#		WILD	MIN		Address o	Name of F
Hatcl		The biological samples above the above named facility on the and knowledge. I concent that numose of pathogen analysis	Use stand	0	WPSW	16	RTTP	RT	BN	Ŗ	RT	B	Ŗ	Species		UTIM East	UTM North		Address or Location:	Name of Fish Source:
Hatchery Owner or Agent	Si yes	The biological samples above and/or on additional pages were collected from fish at the above named facility on the date and by the collector(s) listed, with my approval and knowledge. I concent that the samples be shipped to the named laboratory for the number of pathogen analysis	OF = ovarian fluid; K/S = kidney/spleen; WV = whole viscera; WF = whole fish; BKD = kidney; MC = M. cerebralis; AT = Asian Tapeworm 1 Use standard abbreviations (see species codes worksheet) 2 For hatchery fish, give age in months and length in inches.		6 inen 1	5 inch	H mystu-	5 inch	10 MOATH	10 mont	2-4 GT	2-4 yr brood	2-4yr brood	Age/Length ²		0	0	North Ogden, UT 84114	2284 North Fruitland Drive	Cold Springs Trout Farm
Agent		n additional pand by the colle	//spleen; WV = ns (see specie e in months an		5 munk	25,000	10,000	25,000	10,000	10,000	500	500	500	#in Lot	FISH EXAMINED			UT 84114	uitand Drive	frout Farm
		ages were coll ctor(s) listed, and to the name	whole viscens codes works the second works works the second with the second works which would be second with the second works were the second works with the second works with the second works with the second works were the second works with the second works with the second works with the second works with the second works were the second works with the second works were the second works with the second works with the second works with the second works were the second works with t		KEO 6.	Cold Springs	Spring lake	Cold Springs	Cold Springs	Hatchery Lo	MINED									
		ected from fis with my appro xd laboratory f	a; WF = whole sheet) xhes.		ot B	S	Spring lake and Trout Lodge	6	is .	S	S	s	S	Hatchery Lot # /Obtained as Eggs (E) or Fish (F)						
	7 C W)		e fish; BKD				dge							as Eggs (E)					7	z
	Supplemental Inspection Diagnostic Research	Type of Inspection:	= kidney; Mo											or Fish (F)				Testing Laboratory:	Telephone Number	Name of Owner or Manager.
	I Inspection	ection:	C = M. cereb	1 2					100		88	60	60	유				atory:	ımber.	ıer or Manaç
Ε			ralis; AT=,		BO	60	80	60	- 60	60		8118		Virology KVS WV		Seat	Bust	WAD	L	
			Asian Tape									\$ 223		Н	Numbe	Seattle, WA 95185-7705	Bustad Hall, Room 155-N,	WADDL, Jim Thompson	801-710-4905	Neal Barker
F	<u>a</u>	The site	worm					90						Bacteriology AGAR BKD	Number of Samples	85-7705	m 155-N	nosqmc		
	1300	biological specified for						8		88				+	es					
Fish He		samples lis or pathoger												asites AT						
ality inspe	Îi.	ted above			Ω	8	Ω	Ω	S	CC	δ	Ω	Q	Blood				δ		ς,
Fish Healty inspector in Charge	rest.	The biological samples listed above were collected under my supervision at the site specified for pathogen analysis at the laboratory(s) specified.			Collected 11/2	Collected 11/2	Collected 11/2	Collected 11/2	Collected 11/2	Collected 11/3	Collected 11/3	Collected 11/3	Collected 11/3					Collector(s):		Collection Date:
ge	1	ted under matery(s) spe					•	(3 0)						Remarks			Dr. Barry Pittman	Anna Marie Forest		14
		ly supervisic												ks			bnan	Forest	li.	11/2-3/2015
		on at the	ai													4	4	•		15

2015-14661

11/03/15

Ref Vet: Forest, Anna
Owner: Cold Springs Trout Farm
Breed: Fish sp.
Routing: ,a,ab,av

Page 1 of 1

State of Utah Utah Department of Agriculture and Food FISH HEALTH SAMPLE COLLECTION FORM

UDAF Log Number: 15-337

	The biology the above and know purpose of	2 1 9	N/A	9	œ	7	თ	თ	4	ω	2	-	Lot#		UTN	MTU		Address o	Name of I
Hato	The biological samples above the above named facility on the and knowledge. I concent that purpose of pathogen analysis	Use stand	0	WPSW	TG	RITP	RT	BN	BR	RT	BN	BK	Species		UTM East	UTM North		Address or Location:	Name of Fish Source:
Hatchery Owner or Agent	above and/or o ty on the date ar ent that the sam nalysis	id; K/S = kidney lard abbreviation ery fish, give ago		5-17 m	5 inch (10 m)	3 inch (4 m)	5 inch (10 m)	4 inch (10 m)	5 inch (10 m)	brood (2-4 y)	brood (2-4 y)	brood (2-4 y)	Age/Length*		0	0	North Ogden, UT 84114	2284 North Fruitland Drive	Cold Springs Trout Farm
gent	n additional p nd by the colle ples be shippe	s (see specie in months ar		3,000	25,000	10,000	25,000	10,000	10,000	500	500	500	#in Lot	FISH EXAMINED			UT 84114	utland Drive	rout Farm
	The biological samples above and/or on additional pages were collected from fish at the above named facility on the date and by the collector(s) listed, with my approval and knowledge. I concent that the samples be shipped to the named laboratory for the purpose of pathogen analysis.	OF = ovarian fluid; K/S = kidney/spleen; WV = whole viscera; WF = whole fish; BKD = kidney; MC = M. cerebralis; AT = Asian Tapeworm 1 Use standard abbreviations (see species codes worksheet) 2 For hatchery fish, give age in months and length in inches.		KEO (3 inch - 5 m; 6 inch - 17m)	Cold Springs	Spring lake and Trout Lodge	Cold Springs	Hatchery Lot # /Obtained as Eggs (E) or Fish (F)	MINED										
	Type of Inspection: Annual Health Inspection Supplemental Inspection Diagnostic Research	SKD = kidney; MC =											s (E) or Fish (F)				Testing Laboratory:	Telephone Number.	Name of Owner or Manager:
	on: ispection spection	M. cerebra		60	8	8			0	66	8	60	유				JY.	ber:	or Managei
Į		lis; AT = A		0			8	86	80				K/S WV		Pullma	Bustac	WADD	801-71	Neal Barker
	14	sian Tapew							1	7		1	WF	Numbe	Pullman, WA 99164	Bustad Hall, Room 155-N,	WADDL, Jim Thompson	801-710-4905	arker
9	Sit T	m vom		100			8						Bacteriology AGAR BKD	Number of Samples	64	m 155-N,	mpson		
	le biologic e specifier		20		100		60		8				,						
Fish	al samples		100										Parasites AC AT						
Health In	listed abogen analy					4			8				Blood						
Fish Health Inspector In Charge	The biological samples listed above were collected under my supervision at the site specified for pathogen analysis at the laboratory(s) specified.			Collected 11/2 (30 from each age class)	Collected 11/2	Collected 11/2	Collected 11/2	Collected 11/2	Collected 11/3	Collected 11/3	Collected 11/3	Collected 11/3				9	Collector(s): An		Collection Date:
	J under my sup ry(s) specified.			from each age									Remarks			Dr. Barry Pittman	Anna Marie Forest		11/2
	ervision at the	æ		class)											•	1	•		11/2-3/2015

State of Utah, Department of Agriculture and Food FISH HEALTH INSPECTION REPORT

UDAF Log Number.

Fish Health Approval Number: FHA153621115UT 15-337

															١		
Name of Fish Source: Address or Location:	Cold Springs Trout Farm 2284 North Fruitland Driv	Cold Springs Trout Farm 2284 North Fruitland Drive		Name of Owner or Manager:	ger:		Neal Barker 801-710-49	Neal Barker 801-710-4905									Inspection Date(s): Results: 11/2-3/2015 Negative
Contraction of Foodsate	North Ogden, UT 84114	UT 84114															
UTM North	0																
UTM East	0															ŀ	
	,	FISH EXAMINED	9		PATHO	GENS	INSPEC	TEDFO	PATHOGENS INSPECTED FOR AND RESULTS	RESUL	13						
ot Number Species	Age/Length ²	# in Lot	Obtained as E	Obtained as Eggs (E) or Fish (F) from:	VALE	IPNV	OMV	SVC	SVCV VHSV	/ BF	BR.	BKO	Mc	AT	Blood	olher V	Collector(s):
					8		T	T	T	t	t	Ī	Ī	-	+	ŀ	Dr. Barry Pittman
1 BR	brood	500	Cold Springs		٠	Γ			r	r	l	ŀ	H	H	H	H	
			100		60								-	-			
2 BN	brood	500	Cold Springs						-		-		-	-	-		
					60				-		-		-	Н	-	-	
3 RI	brood	500	Cold Springs									-	-		-	H	
					60	60	60	60	60			60			-		Type of Fish Examined:
4 界	5 inch	10000	Cold Springs			٠	ж							-			
					60	60	60	60	60	-		-	-	-	-	-	Hatchery
5 BN	4 inch	10000	Cold Springs		ĸ				•	-	-	-	-	_	-		
					60	60	60	60	60	60	60	H	60	-	H	H	Salmonid Non-Salmonid
6 RT	5 inch	25000	Cold Springs			•			,		,	H		H	-	-	
					60	60	60	60	60	H	-	-			H		
7 RTTP	3 inch	10000	Spring lake a	Spring lake and Trout Lodge			,		,			-	-	-	H	-	
				201	60	60	60	60	60	-		-	-	-	H		Type of Water Supply:
8 TG	5 inch	25000	Cold Springs		e		,	,	,	-		l	-	l	-	-	Well
					60	60	60	60	60				H	H	H	-	
9 WPSW		3000	KEO			7	,			t	f	H		H	-		Spring
									r	r	l	H	H	H	H	H	Free of Fish Stream
N/A						Γ		Ī	-	-	-	-	-	ŀ	-	H	SOMEONO SE
Remarks:					Cent	ffied Fis	h Health	Inspect	Certified Fish Health Inspector Signature	ature	7		2	1	7.		7-
Unless ot	Unless otherwise noted, this inspection represents entire source sampling	s inspection rep	resents entire s	ource sampling							(MIM)	12 13/	1100	126	15.23	1	
☐ BF-2 cell	BF-2 cell line used in viral assay	assay)	
CHSE-21	CHSE-214 and EPC cell lines used in viral assay (Lot:	es used in viral assav	assay (Lot:	J		curring (Concurring Signature	3. O						1	M	H	MINI CONTRACTOR
	C COCC OF WILLIAM	assay						į					200	K		3	Toung In
AFS Certified Fish Health Inspector and Address:	alth Inspector and	d Address:			_	Use	standa	rd abbre	Use standard abbreviations (see back of page)	(see ba	ck of pa	ge)	Î			į	
Anna Marie Forest					2		hatcher	y fish, gi	For hatchery fish, give age in months	n month	s						
Utah Department of Agriculture and Food	griculture and Fo	od			<u>ی</u>		list of p	athogen	See list of pathogen abbreviations on back;	iations o	n back;	finding n	eported	as numt	er exan	finding reported as number examined/results,	sults,
350 N Redwood Road, Salt Lake City, UT 84114	d, Salt Lake City,	UT 84114				whe	re (-) is	negative	where (-) is negative and (+) is positive) is posit	ive						
Office (801) 538-7046, Cell (801) 870-9339, FAX (801) 538-7169	 Cell (801) 870-9 	9339, FAX (801)	538-7169														

P.O. Box 647034 Pullman, WA 99164-7034 Telephone: (509) 335-9696 Fax: (509) 335-7424

Dr. Anna Forest Utah State Dept of Agri Box 146500 350 N Redwood Rd. Fl 3 Salt Lake City, UT 84116

Submittal Date: 11/04/15

Owner: Cold Springs Trout Farm

Species:

Age:

Other: Fish

Sex:

Final Report:

Aquaculture- Reported on 12/03/15 Authorized by Kevin Snekvik, Section Head

Aquatic viral culture SOP: 905.2014.10.22

Animal	Specimen	Result	Isolate
1-Lot 1 BKT 5F Ovarian Fluids	Fluid-Ovary	Negative	
2	Fluid-Ovary	Negative	
3	Fluid-Ovary	Negative	
4	Fluid-Ovary	Negative	
5	Fluid-Ovary	Negative	
6	Fluid-Ovary	Negative	
7	Fluid-Ovary	Negative	
8	Fluid-Ovary	Negative	
9	Fluid-Ovary	Negative	
10	Fluid-Ovary	Negative	
11	Fluid-Ovary	Negative	
12	Fluid-Ovary	Negative	
13-Lot 2 BNT 5F Ovarian Fluids	Fluid-Ovary	Negative	
14	Fluid-Ovary	Negative	
15	Fluid-Ovary	Negative	
16	Fluid-Ovary	Negative	
17	Fluid-Ovary	Negative	
18	Fluid-Ovary	Negative	
19	Fluid-Ovary	Negative	
20	Fluid-Ovary	Negative	
21	Fluid-Ovary	Negative	
22	Fluid-Ovary	Negative	
23	Fluid-Ovary	Negative	
24	Fluid-Ovary	Negative	
25-Lot 3 RBT 5F Ovarian Fluids	Fluid-Ovary	Negative	
26	Fluid-Ovary	Negative	
27	Fluid-Ovary	Negative	
28	Fluid-Ovary	Negative	

Case#: 2015-14735 Report Date: 12/03/15

Aquatic viral culture SOP: 905.2014.10.22

Animal	Specimen	Result	Isolate
29	Fluid-Ovary	Negative	
30	Fluid-Ovary	Negative	
31	Fluid-Ovary	Negative	
32	Fluid-Ovary	Negative	
33	Fluid-Ovary	Negative	
34	Fluid-Ovary	Negative	
35	Fluid-Ovary	Negative	
36	Fluid-Ovary	Negative	
37-Lot 4 BKT 5F k/s	Tissue Pool	Negative	
38	Tissue Pool	Negative	
39	Tissue Pool	Negative	
40	Tissue Pool	Negative	
41	Tissue Pool	Negative	
42	Tissue Pool	Negative	
43	Tissue Pool	Negative	
44	Tissue Pool	Negative	
45	Tissue Pool	Negative	
46	Tissue Pool	Negative	
47	Tissue Pool	Negative	
48	Tissue Pool	Negative	

Aquatic viral culture test comment: All samples submitted on this case were negative for Oncorhynchus Masou Virus, Infectious Pancreatic Necrosis Virus, Infectious Hematopoietic Necrosis Virus, Viral Hemorrhagic Septicemia Virus, Epizootic Hematopoietic Necrosis Virus, and Spring Viremia of Carp on CHSE-214 & EPC cell lines.

Previously reported results:

Aquaculture- Last reported on 11/30/15 Authorized by Kevin Snekvik, Section Head

BKD FA SOP: 919.2015.06.17

Animal	Specimen	Result
1-Lot 4 BKT Individual Kidney	Kidney	Negative
2	Kidney	Negative
3	Kidney	Negative
4	Kidney	Negative
5	Kidney	Negative
6	Kidney	Negative
7	Kidney	Negative
8	Kidney	Negative
9	Kidney	Negative
10	Kidney	Negative
11	Kidney	Negative
12	Kidney	Negative
13	Kidney	Negative
14	Kidney	Negative
15	Kidney	Negative
16	Kidney	Negative

BKD FA SOP: 919,2015,06,17

Animal Specimen Result 17
Kidney Negative
Kidney Negative
Kidney Negative
Kidney Negative
Kidney Negative
Kidney Negative
Kidney Negative
25 Kidney Negative 26 Kidney Negative 27 Kidney Negative 28 Kidney Negative 29 Kidney Negative 30 Kidney Negative 31 Kidney Negative 32 Kidney Negative 33 Kidney Negative 34 Kidney Negative 35 Kidney Negative 36 Kidney Negative 37 Kidney Negative
Kidney Negative
Kidney Negative
28 Kidney Negative 29 Kidney Negative 30 Kidney Negative 31 Kidney Negative 32 Kidney Negative 33 Kidney Negative Kidney Negative Negative
29 Kidney Negative 30 Kidney Negative 31 Kidney Negative 32 Kidney Negative 33 Kidney Negative Negative
30 Kidney Negative 31 Kidney Negative 32 Kidney Negative 33 Kidney Negative
31 Kidney Negative 32 Kidney Negative 33 Kidney Negative Negative
32 Kidney Negative 33 Kidney Negative
33 Kidney Negative
,
24 Videou North
34 Kidney Negative
35 Kidney Negative
36 Kidney Negative
37 Kidney Negative
38 Kidney Negative
39 Kidney Negative
40 Kidney Negative
41 Kidney Negative
42 Kidney Negative
43 Kidney Negative
44 Kidney Negative
45 Kidney Negative
46 Kidney Negative
47 Kidney Negative
48 Kidney Negative
49 Kidney Negative
50 Kidney Negative
51 Kidney Negative
52 Kidney Negative
53 Kidney Negative
54 Kidney Negative
55 Kidney Negative
56 Kidney Negative
57 Kidney Negative
58 Kidney Negative
59 Kidney Negative
60 Kidney Negative

P.O. Box 647034 Pullman, WA 99164-7034 Telephone: (509) 335-9696 Fax: (509) 335-7424

Dr. Anna Forest Utah State Dept of Agri Box 146500 350 N Redwood Rd. Fl 3 Salt Lake City, UT 84116 Case#: 2015-14661 Report Date: 12/02/15

Submittal Date: 11/03/15

Owner: Cold Springs Trout Farm

Species: Fish sp.

Age:

Sex:

Final Report:

Aquaculture- Reported on 12/02/15 Authorized by Kevin Snekvik, Section Head

Aquatic viral culture SOP: 905.2014.10.22

Animal	Specimen	Result	Isolate
1-Lot 5 BNT 5F k/s	Tissue Pool	Negative	
2	Tissue Pool	Negative	
3	Tissue Pool	Negative	
4	Tissue Pool	Negative	
5	Tissue Pool	Negative	
6	Tissue Pool	Negative	
7	Tissue Pool	Negative	
8	Tissue Pool	Negative	#
9	Tissue Pool	Negative	
10	Tissue Pool	Negative	
11	Tissue Pool	Negative	
12	Tissue Pool	Negative	
13-Lot 6 RBT 5F k/s	Tissue Pool	Negative	
14	Tissue Pool	Negative	
15	Tissue Pool	Negative	
16	Tissue Pool	Negative	
17	Tissue Pool	Negative	
18	Tissue Pool	Negative	
19	Tissue Pool	Negative	
20	Tissue Pool	Negative	
21	Tissue Pool	Negative	
22	Tissue Pool	Negative	
23	Tissue Pool	Negative	
24	Tissue Pool	Negative	
25-Lot 7 RBT 5F k/s	Tissue Pool	Negative	
26	Tissue Pool	Negative	
27	Tissue Pool	Negative	
28	Tissue Pool	Negative	

Aquatic viral culture SOP: 905.2014.10.22

Aquatic viral culture SOP	905.2014.10.22		
Animal	Specimen	Result Isolate	
29	Tissue Pool	Negative	77
30	Tissue Pool	Negative	
31	Tissue Pool	Negative	
32	Tissue Pool	Negative	
33	Tissue Pool	Negative	
34	Tissue Pool	Negative	
35	Tissue Pool	Negative	
36	Tissue Pool	Negative	
37-Lot 8 Tiger Trout 5F k/s	Tissue Pool	Negative	
38	Tissue Pool	Negative	
39	Tissue Pool	Negative	
40	Tissue Pool	Negative	
41	Tissue Pool	Negative	
42	Tissue Pool	Negative	
43	Tissue Pool	Negative	
44	Tissue Pool	Negative	
45	Tissue Pool	Negative	
46	Tissue Pool	Negative	
47	Tissue Pool	Negative	
48	Tissue Pool	Negative	
49-Lot 9 Wipers 5F k/s	Tissue Pool	Negative	
50	Tissue Pool	Negative	
51	Tissue Pool	Negative	
52	Tissue Pool	Negative	
53	Tissue Pool	Negative	
54	Tissue Pool	Negative	
55	Tissue Pool	Negative	
56	Tissue Pool	Negative	
57	Tissue Pool	Negative	
58	Tissue Pool	Negative	
59	Tissue Pool	Negative	
60	Tissue Pool	Negative	

Aquatic viral culture test comment: All samples submitted on this case were negative for Oncorhynchus Masou Virus, Infectious Pancreatic Necrosis Virus, Infectious Hematopoietic Necrosis Virus, Viral Hemorrhagic Septicemia Virus, Epizootic Hematopoietic Necrosis Virus, and Spring Viremia of Carp on CHSE-214 & EPC cell lines. All samples from Lot 9 Wipers were also negative for Largemouth Bass Virus on FHM cells.

Previously reported results:

Aquaculture- Last reported on 11/30/15 Authorized by Kevin Snekvik, Section Head

Aquatic bacterial screen SOP: 936.2015.08.05

Animal	Specimen	Result	Isolate	
Lot 6 RBT	Culture Medium	See comment.		