

Anamnesis form Panta Germ Test

General Information:

Name: _____

Street: _____

City: _____

Country: _____

Phone: _____

E-Mail: _____

Please send the report by ☐ E-Mail or ☐ Post

Keeping unit:

Date of sample collection: _____

Amount of filtered water in milliliters: _____

Type of keeping unit:

☐ Aquarium

☐ Aquaculture

☐ Koi pond

☐ Swimming pond

☐ Garden pond

☐ Pond farming

☐ Natural waters

☐ Others: _____

Sampled keeping water:

☐ Freshwater

☐ Seawater

☐ Brackish water

If brackish water or seawater, how high is the salinity?

Feeding the stock:

Name of the feed	Feeding quantity	Feeding interval

Furnishings:

- ☐ Stones
- ☐ Sand / Gravel
- ☐ Wood / Roots

- ☐ Plants
- ☐ Reef Rock (living rock)
- ☐ Others:

Water characteristics:

Water temperature: _____ °C

- ☐ No water change
- ☐ Water changes of _____ % are carried out every _____ days / weeks

- ☐ Water parameters are not determined
- ☐ Water parameters are determined every _____ days / weeks

If a water change is carried out, what type of water is used for the change?

- ☐ Tap water
- ☐ Well water
- ☐ Osmosis water
- ☐ Synthetic seawater

- ☐ Natural seawater
- ☐ Others:

If water parameters are determined, how is the determination carried out??

- ☐ Stick/droplet test
- ☐ Photometric
- ☐ ICP

If water parameters are determined, what are the values??

☐ ICP results available and attached

pH _____
carbonate hardness (KH) _____
Total hardness (GH) _____
Ammonium (NH⁴⁺) _____

Nitrite (NO²⁻) _____
Nitrate (NO³⁻) _____
Others: _____

Supply systems:

Are supply systems being used?

☐ Yes

☐ No

If yes, which brand of supply system is used?

- ☐ Aquaforest
- ☐ ATI
- ☐ Brightwell Aquatics
- ☐ DSR
- ☐ ESV
- ☐ Fauna Marin
- ☐ GROTECH

- ☐ OceaMo
- ☐ Red Sea
- ☐ Reef Zlements
- ☐ TRITON
- ☐ ZEOvit
- ☐ Tropic Marin

☐ Others:

What is the product name of the supply system?

Additional information about the keeping unit:

Reason for sampling:

- ☐ Routine checkup
- ☐ Diseases
- ☐ Losses / deaths
- ☐ Loss of appetite
- ☐ Filter failure

- ☐ Flow failure
- ☐ Power failure
- ☐ New stock
- ☐ Others:

In the event of deaths/losses, what species are involved, how many, and over what period of time?

Species: _____

Number of losses: _____

During what period? _____

(Pre-)treatment of the keeping unit:

☐ Yes

☐ No

If yes, what was used for treatment?

- ☐ Lactic acid bacteria
- ☐ Algae remover
- ☐ Over-the-counter therapeutics:

☐ Others:

☐ Prescription therapeutics:

If treated, when was treatment administered and to what extent?

When: _____

Dosage: _____

Extent:

- ☐ One-time
- ☐ Daily
- ☐ Weekly
- ☐ Every _____ days
- ☐ Every _____ weeks

If available, name and contact details of the veterinarian:

Name: _____

Street: _____

City: _____

Phone: _____

E-Mail: _____