Initial Notification
Aquaculture Reportable Disease or Mortality Event

Reportable Disease □ Abnormal Mortality □
Date Reported to AAHD/AD: _______________ Time Reported to AAHD/AD: _______________

Company Name: _______________________________________________________________

Company Contact Information: ___________________________________________________

Site Affected (AQ # and Name): _________________________________________________

Species Affected: __________________________

Risk Assessment:

<table>
<thead>
<tr>
<th>Reportable Disease Event</th>
<th>Abnormal Mortality Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reportable Disease</td>
<td>Probable Cause</td>
</tr>
<tr>
<td>Number of Fish Tested</td>
<td>Suspected Number of Mortalities</td>
</tr>
<tr>
<td>Number of Fish Tested Positive</td>
<td>Outcome of Risk Assessment Matrix</td>
</tr>
<tr>
<td>Number of Cages Tested Positive</td>
<td>Action Required</td>
</tr>
</tbody>
</table>

Details Provided by the Operator:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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FLR Review and Determination:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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For Internal Use Only
Additional information required by the company?  Yes  No
Public reporting required by the company?  Yes  No

Prepared by: [Insert Employee Name(s), Position]