

Form MP-1. Pathogen nomination form.

Great Lakes Fish Health Committee (GLFHC) members should complete this form when requesting a pathogen be added to the Model Program. Upon completion, the form should be submitted to the chairperson of the GLFHC.

Date of Nomination:
Requesting Agency:
Pathogen name/disease name (include synonyms):
Suggested classification (Emergency, Restricted, Provisional):
Known geographic range:
Known host species:
Known intermediate/alternate host species (parasites only):
Concern to the Great Lakes or requesting agency, including estimated pathogenicity:
Clinical disease signs:
Methods for pathogen detection and disease diagnosis, including optimal sample testing guidance:
Relevant literature:
Other:

The following should be filled in by the chairperson of the Great Lakes Fish Health Committee.

Decision Date:
Decision Details:
Final Decision: