



FOR MORE INFO VISIT: <https://cahfs.vetmed.ucdavis.edu/>

For Lab Use Only

Accn # [ ] Rec'd by: \_\_\_\_\_

CC: \_\_\_\_\_ Accn Type: \_\_\_\_\_

# of Samples: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Section: \_\_\_\_\_

Paid:  \_\_\_\_\_ Carrier: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Ranch \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Bill to:  Vet  Clinic  Owner  Other \_\_\_\_\_

Report to:  Vet  Clinic  Owner \_\_\_\_\_

If UC Recharge Acct # (required): \_\_\_\_\_

Add'l Copy to: \_\_\_\_\_

Bill to address if different than above: \_\_\_\_\_ Preferred reporting method:  fax,  email, and/or  mail

Email notification of sample receipt? Yes

Sample Reference \_\_\_\_\_ Date sample(s) collected \_\_\_\_\_ Date sample(s) shipped \_\_\_\_\_

- Cattle  Turkey
- Horse  Chicken
- Swine  Psittacine
- Sheep  Goat
- Rabbit  Plant or Feed
- Other \_\_\_\_\_

If testing for animal movement please specify:

- Domestic  Export out of U.S.

Animal being shipped to: \_\_\_\_\_

(Specify test methods below) Destination / Date of Shipment

Current Location of Animal(s) \_\_\_\_\_

(county, state)

Production Class \_\_\_\_\_

(i.e. beef, dairy, calf ranch, etc.)

#in herd/flk	
#in group/hse	
#sick	
#died	

History (clinical signs, nutrition, housing, vaccination, treatment, production level, etc. Use next page if more space is needed.):

Duration of Illness: \_\_\_\_\_ Date of death: \_\_\_\_\_ Euthanized? Yes  Method/Agent used: \_\_\_\_\_ Insured? Yes  No

(continue on next page if necessary)

Treatments/Medications (type & when given): \_\_\_\_\_

Disease(s) or condition(s) suspected: \_\_\_\_\_

Animal/Specimen Information (continue on back)

Lab Use	Animal Name/Specimen ID	Breed	Sex (F/M)	Age in Units (days, weeks, months, years)	Qty	Specimen Type	Test(s) Requested

CAHFS, Davis  
University of California, Davis  
620 W. Health Sciences Dr  
Davis, CA 95616  
General Info: (530) 752-8700  
FAX (530) 752-6253

CAHFS, Turlock  
University of California, Davis  
1550 N. Soderquist  
Turlock, CA 95380  
General Info: (209) 634-5837  
FAX (209) 667-4261

CAHFS, Tulare  
University of California, Davis  
18760 Road 112  
Tulare, CA 93274  
General Info: (559) 688-7543  
FAX (559) 688-2985

CAHFS, San Bernardino  
University of California, Davis  
105 West Central Avenue  
San Bernardino, CA 92408  
General Info: (909) 383-4287  
FAX (909) 884-5980

I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples submitted to CAHFS, will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1040. Such confidential information will not be divulged to third parties without written consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. University, its officers, employees, and agents shall not be accountable for any loss, expense (including attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts or omissions by University, its officers, employees, or agents.

Signature of Submitter: \_\_\_\_\_ Date: \_\_\_\_\_

