

A CLIENT'S GUIDE TO SUBMITTING TO CAHFS





American Association of Veterinary Laboratory Diagnosticians and ISO 17025 accredited

January 2019

LEADING DIAGNOSTICS NATIONALLY, PROTECTING CALIFORNIA LOCALLY





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

CAHFS Turlock - University of California, Davis 1550 N. Soderquist Avenue Turlock, CA 95380 General Info (209) 634-5837 Fax (209) 667-4261 *Avian & Rabbit Only

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

Davis



The California Animal Health and Food Safety Laboratory System (CAHFS) is the backbone of California's warning system that helps to protect the health of California's livestock and poultry. CAHFS serves the people of California by safeguarding the public health with rapid and reliable diagnoses for animal diseases including those affecting humans. It also serves the equine industry by providing high-quality drug testing and pharmacology programs. CAHFS offers a multi-disciplinary team approach using a comprehensive menu of tests and innovative services to protect animal health and commerce, public health and the food supply. CAHFS operates in partnership with the California Department of Food & Agriculture, University of California Davis, veterinarians, and livestock and poultry producers. CAHFS is fully accredited by The American Association of Veterinary Laboratory Diagnosticians (AAVLD) and is a member of the following coordinated National Health Surveillance Networks: National Animal Health Laboratory Network, Federal Emergency Response Network, Veterinary Laboratory Investigation & Response Network and the Centers for Disease Control Laboratory Response Network.

Diagnostic Services

Pathology, Bacteriology, Serology/Immunology, Toxicology, Molecular Diagnostics, Virology, Electron Microscopy, Aquaculture and Food Pathogen.

CAHFS Mission

CAHFS provides quality services that protect animal health and performance, public health and the food supply.

CAHFS Website - https://cahfs.vetmed.ucdavis.edu

Hours of Operation

Monday through Friday from 8:00 am-5:00 pm except holidays. After-hours and weekend submissions are accepted at the discretion of the on-call diagnostician; extra fees will apply. Contact any CAHFS laboratory for more information.

Lab Test & Fee Guidelines

Visit CAHFS' Lab Tests & Fees page for individual test methods, specimen information, specific sample information and price of tests.

Payment Guidelines

First time submitters must pay upon submission. Standard submission fees can be paid upon receipt. A monthly billing statement will be delivered via US Mail for any unpaid balances. Payment can be made in multiple ways; Visa/Mastercard (in-person or by phone 530-752-8700), cash (in-person) or check (inperson or by mail). Checks payable to: UC Regents.

Reporting Results

CAHFS reporting is confidential. Results are provided as instructed on the submission form.

It is highly recommended a veterinarian be involved in any submission as CAHFS does not provide treatment or disease prevention recommendations.

Submission Form Guidelines & Requirements

CAHFS aims to provide clients with timely and accurate diagnostic testing services. The first step in testing is receiving an official CAHFS submission form, signed and completed in its entirety along with the specimen(s). The specimen submission form is a standard laboratory form required to be used by all individual or agencies submitting samples to any CAHFS laboratories. We understand that our form is comprehensive. It has been designed to acquire essential disease surveillance information plus information that will aid in deciding the laboratory approach or in interpreting laboratory observations. Download our fillable submission form at https://cahfs.vetmed.ucdavis.edu/submitting/submission-forms

Thank you for providing us with complete and accurate information.

			NON-PATHOLOGY
INFORMATION ON ALL		For Lab Use Only	SUBMISSION TYPES:
SUBMISSION TYPES	VETERINARY MEDICINE	Rec'd by:	ALL FIELDS IN RED PLUS-
	California Animal Health and Food Sufety Laboratory System		Sample collection date:
Veterinarian: Veterinary	FOR MORE INFO VISIT: http://www.cahfs.ucdavis.edu Case Coordinator:	Accn Type:	Date sample taken from
oversight is strongly	# of Samples: Da	te rec'd:Section:	the animal
suggested upon sample	Paid:	Carrier.	Sample ship date: Date
submission			sample
Owner: Full owner	Veterinarian's Name Owner Name Owner Name		shipped/transported to
information required if	Clinic Name Ranch Address Address		the CAHFS laboratory
sample submitter	City State Zip City	State Zip	History: Information
Bill To: Provide complete	Phone Fax Phone F	ax	provided aids in test
billing information	Email		assignment &
Report To & Method:			interpretation of results
Ensures report will go to	D If UC Recharge Acct # (required): D Add'l Copy to: Bill to address if different than above: Preferred reporting m	nethod: • fax, • email, and/or • mail	•
all requested individuals.		sample receipt? Yes 🗆	Disease/Conditions
Species Type: Required to			suspected: Supports
ensure correct test		mple(s) shipped	clinical history & ensures
assignment		#in herd/fik	appropriate test
Current Location of	Animal being shinned to:	#in group/hse	assignment
	Swine Distitacine (Specify lest methods below) Destination / Date of Shipment		Treatments/Medications
Animal(s): To determine	Current Location of Animal(s) Current Location of Animal(s)	#sick	given: Assists in
county & state in which	Other Production Class	#died	interpretation of test
animal(s) are located	(i.e. beef, dairy, calf ranch, etc.)		results
Animal/Specimen IDs:	History (clinical signs, nultition, housing, vaccination, treatment, production level, etc. Use next page if more space is no		
Necessary for sample	Duration of Illness: Date of death: Euthanized? Yes 🗆 Method/Agent used: Insured? Yes 🗆 No 🗆		PATHOLOGY
identification			(NECROPSY)
Specimen Type: Specify			SUBMISSION TYPES:
sample type (ex. whole			ALL FIELDS IN RED PLUS-
blood, tracheal swab,	(continue on next page I' necessary)		Number of entroal(a)
bioou, trachear swab,		(continue on next page if necessary)	Number of animal(s)
tissue type, etc.) Required	Disease(s) or condition(s suspected:	(continue on next page if necessary)	in herd/group & Number
	Treatments/Medications type & when given):	(continue on next page I' necessary)	in herd/group & Number of animal(s)
tissue type, etc.) Required	Treatments/Medications type & when given):	(contrue on next page if necessary)	in herd/group & Number
tissue type, etc.) Required to ensure correct testing	Treatments/Medications type & when given):		in herd/group & Number of animal(s)
tissue type, etc.) Required to ensure correct testing method assignment	Treatments/Medications type & when given):	contrue on next page if necessary	in herd/group & Number of animal(s) sick/died: Aids in extent
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures	Treatments/Medications type & when given):		in herd/group & Number of animal(s) sick/died: Aids in extent of illness
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission	Treatments/Medications type & when given):		in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of	Treatments/Medications type & when given):		in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide &
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date	Treatments/Medications type & when given):		in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Age in Units (days, weeks, months, years) Qty Specimen Type Use Animal Name/Specimen ID Breed FM) Gass, weeks, months, years) Qty Specimen Type Image: Image	Test(s) Requested	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Age in Units (fays, weeks, months, years) Opposite Lab Breed [FM] Gays, weeks, months, years) Opposite CAHFS, Davis CAHFS, Turlock CAHFS, Turlock CAHFS, Turlock CAHFS, Davis CAHFS, Turlock CAHFS, Turlock CAHFS, Turlock Duriversity of California, Davis 150 N. Soderpuist 1570 Road 12	CAHF3, San Bernardino University of California, Davis 106 West Central Avenue	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Age in Units (daps, weeks, months, years) Oty Specimen Type Lab Breed (FM) order in Units (faps, weeks, months, years) Oty Specimen Type CAHFS, Davis CAHFS, Turlook CAHFS, Turlook CAHFS, Turlook CAHFS, Turlook University of California, Davis University of California, Davis 1550 N. Soderquist 18760 Road 112 Davis, CA 86010 Turlook, CA 90331 Turlook, CA 90331 General Inic (200) 722-8700	CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02406 General Into: (000) 382-4287	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form	Treatments/Medications type & when given): Animal/Specimen Information (condinue on back) Lab Age in Units (days, weeks, months, years) Qty Specimen Type Lab Breed [FM] Gty Specimen Type Lab Breed [FM] Gty Specimen Type CAHFS, Davis CAHFS, Turlook CAHFS, Turlook CAHFS, Tulare University of California, Davis University of California, Davis University of California, Davis 18708 Road 112 S20 W. Heath Sciences Dr Tisolo X. CA 96318 Turlook, CA 96318 Taker, CA 9274 General Info: (209) 634-6837 General Info: (259) 688-7543 FAX (209) 687-4261 FAX (509) 688-7543	CAHF5, San Bernardino University of California, Davis 106 West: Central Avenue San Bernardino, CA 92408 General Into: (800) 383-4287 FAX (809) 848-4380	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Age in Units (fags, weeks, months, years) Opy Specimen Type Lab Breed [FM] months, years) Opy Specimen Type CAHFS, Davis CAHFS, Turkek CAHFS, Turkek CAHFS, Turkek CAHFS, Turkek University of California, Davis University of California, Davis University of California, Davis University of California, Davis Davis, CA 86516 Turkock, CA 96331 Turkeck, CA 96345 FAX (209) 687-4281 FAX (530) 752-6253 FAX (209) 667-4281 FAX (560) 688-2685 Turkes the tasts results from samples confidential information consistent with applicable legi at andrefs, including, but not limited to, California studies and Professions Code set	CAHFS, San Bernardino University of California, Davis 106 West Central Avenue San Bernardino, CA 02408 General Into: (000) 383-4287 FAX (008) 884-5080 submitted to CAHFS, will be treated as citon 4857 and evidence Code section 1040.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form <u>IMPORT/EXPORT</u> <u>SUBMISSION TYPES:</u> ALL FIELDS IN RED & GOLD	CAHFS, Davis CAHFS, Turlook CAHFS, Turlook University of California, Davis University of California, Davis B700 Road 112 Davis, CA 96010 Turlook, CA 95381 Turlare, CA 90396 FAX (300) 752-8270 General Info: (200) 634–5837 General Info: (530) 908-7543 FAX (301) 752-8273 FAX (200) 677–4251 FAX (300) 682-7543 Indential information consistent with applicable legal standards, including, but not limited to CAHFS, and the tests results from samples confidential information will not be dividged to third parties without written consent of the Cleant, acquir when required by law, which	CAHF5, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Intic (900) 838-4287 FAX (000) 884-5880 Stabmitted to CAHF5, will be treated as ction 4857 and Evidence Code section 1040. includes requirements that test results be morey'f feel, Jamage, or liability of any kind	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form <u>IMPORT/EXPORT</u> <u>SUBMISSION TYPES:</u> ALL FIELDS IN RED & GOLD PLUS-	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Use Animal Name/Specimen ID Breed [FN] Gy Specimen Type CAHFS, Davis Gy CAHFS, Davis CAHFS, Turlook CAHFS, Davis CAHFS, Turlook CAHFS, Davis University of California, Davis University of California, Davis University of California, Davis Davis, CA B6816 Turlook, CA 95381 Turdextant that Sciences Dr 1550 N. Soderpuist. Bradestant that: (530) 782-8700 General Info: (530) 782-8700 General Info: (530) 772-8700 General Info: (530) 834-5837 General Info: (530) 772-8700 General Info: (530) 832-6743 FAX (230) 677-4261 FAX (530) 688-7543 FAX (230) 677-4261 FAX (530) 888-7543 FAX (230) 677-4261 FAX (530) 888-7543 Confidential information consistent with applicable legal standrads, including, but not limed to CAHFS, and the tests results from samples confidential information will not be divulged to third parties without written consent of the clent, except when required by law, whith	CAHF5, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Intic (900) 838-4287 FAX (000) 884-5880 Stabmitted to CAHF5, will be treated as ction 4857 and Evidence Code section 1040. includes requirements that test results be morey'f feel, Jamage, or liability of any kind	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form <u>IMPORT/EXPORT</u> <u>SUBMISSION TYPES:</u> ALL FIELDS IN RED & GOLD PLUS- Sample collection date:	Treatments/Medications type & when given): Animal/Specimen Information (condrue on back) Lab Sex Age in Units (faps, weeks, months, years) Ory Specimen Type Lab Breed (FM) months, years) Ory Specimen Type CAHFS, Davis CAHFS, Turlock CAHFS, Tulare University of California, Davis University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CAHFS, Tulare Davis, CA 66516 Turlock, CA 85381 Tulare, CAHFS, Tulare University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CA 96516 Davis, CA 66516 Turlock, CA 85381 Tulare, CA 96518 1700 Road 112 Davis, CA 96517 Turlock, CA 90834-5837 General Infre; (509) 888-7543 FAX (530) 752-6253 FAX (209) 687-4261 FAX (569) 688-7543 Turdestand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit astandark, including, but not timited to CAHFS, and the results from samples subchomisticable legit astandark, including, but not timited to CAHFS, and the results from samples subfidential information any loss, copense (including at the results	Test(s) Requested CAHFS, San Bernardino University of Califonia, Davis 106 West Central Avenue San Bernardino, CA 02408 General Into: (000) 834-4287 FAX (000) 884-50801 submitted to CAHFS, will be treated as citon 4857 and Evidence Code section 1040. indukes requirements that test results be syncyr fees), damage, or liability of any kind employees, or agents.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from	CAHFS, Davis CAHFS, Turlook CAHFS, Turlook University of California, Davis University of California, Davis B700 Road 112 Davis, CA 96010 Turlook, CA 95381 Turlare, CA 90396 FAX (300) 752-8270 General Info: (200) 634–5837 General Info: (530) 908-7543 FAX (301) 752-8273 FAX (200) 677–4251 FAX (300) 682-7543 Indential information consistent with applicable legal standards, including, but not limited to CAHFS, and the tests results from samples confidential information will not be dividged to third parties without written consent of the Cleant, acquir when required by law, which	CAHF5, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Intic (900) 838-4287 FAX (000) 884-5880 Stabmitted to CAHF5, will be treated as ction 4857 and Evidence Code section 1040. includes requirements that test results be morey'f feel, Jamage, or liability of any kind	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form <u>IMPORT/EXPORT</u> <u>SUBMISSION TYPES:</u> ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal	Treatments/Medications type & when given): Animal/Specimen Information (condrue on back) Lab Sex Age in Units (faps, weeks, months, years) Ory Specimen Type Lab Breed (FM) months, years) Ory Specimen Type CAHFS, Davis CAHFS, Turlock CAHFS, Tulare University of California, Davis University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CAHFS, Tulare Davis, CA 66516 Turlock, CA 85381 Tulare, CAHFS, Tulare University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CA 96516 Davis, CA 66516 Turlock, CA 85381 Tulare, CA 96518 17000 Road 112 Davis, CA 66517 Turlock, CA 900 843-5837 General Infre; (500) 888-7543 FAX (530) 752-6253 FAX (200) 867-4261 FAX (569) 888-7543 Turdestand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not timited to CAHFS, and the tests results from samples subfield are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples confidential information consistent with applicabl	Test(s) Requested CAHFS, San Bernardino University of Califonia, Davis 106 West Central Avenue San Bernardino, CA 02408 General Into: (000) 834-4287 FAX (000) 884-50801 submitted to CAHFS, will be treated as citon 4857 and Evidence Code section 1040. indukes requirements that test results be syncyr fees), damage, or liability of any kind employees, or agents.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info:	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Age in Units (faps, weeks, months, years) Ory Specimen Type Lab Breed (FM) months, years) Ory Specimen Type CAHFS, Davis CAHFS, Turlock CAHFS, Tulare University of California, Davis University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CAHFS, Tulare Davis, CA 66516 Turlock, CA 85381 Tulare, CA 8274 General Infr. (508) 752-8700 General Infr. (509) 752-8700 Feneral Infr. (200) 834-5837 General Infr. (508) 888-7543 FAX (509) 752-8253 FAX (209) 867-4261 FAX (509) 888-7543 Turdestand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to, CAHFS, and the result results from samples sub-field are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples sub-field are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples sub-field are the property of CAHFS. Client information and thords be divided to third parties without written consent of the client, except when required by law, which provided to regulatory agencies. University, its officers,	Test(s) Requested CAHFS, San Bernardino University of Califonia, Davis 106 West Central Avenue San Bernardino, CA 02408 General Into: (000) 834-4287 FAX (000) 884-50801 submitted to CAHFS, will be treated as citon 4857 and Evidence Code section 1040. indukes requirements that test results be syncyr fees), damage, or liability of any kind employees, or agents.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK &
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info: Necessary for test method	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Use Animal/Specimen ID Breed (FM) months, years Qp Specimen Type CAHFS, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis University of California, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis University of California, Davis University of California, Davis Davis, CA B5016 Turlock, CA 85381 General Info: (530) 752-82700 General Info: (209) 634–5837 General Info: (530) 752-82700 General Info: (500) 607–4281 Turdesct And that specimens submitted are the property of CAHFS, including, but not limited to CAHFS, and the tests results from samples confidential information will not be dividged to third parties without writhe consent of the Cleant, acquer when required by law, which provided to regulatory agencis. University, its officers, including, but not limited to contains and will acts or omissions by University, its officers, including out or arising out of services p	Test(s) Requested CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Intic (000) 383-4287 FAX (006) 884-5080 submitted to CAHFS, will be treated as ction 4857 and Evidence Code section 1040. includes requirements that test results be immery fees), damage, or liability of any kind employees, or agents.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK & <u>REGULATORY</u>
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info:	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Age in Units (faps, weeks, months, years) Ory Specimen Type Lab Breed (FM) months, years) Ory Specimen Type CAHFS, Davis CAHFS, Turlock CAHFS, Tulare University of California, Davis University of California, Davis S20W. Heath Sciences Dr 1550 N. Sodequist 18700 Road 112 Tulare, CAHFS, Tulare Davis, CA 66516 Turlock, CA 85381 Tulare, CA 8274 General Infr. (508) 752-8700 General Infr. (509) 752-8700 Feneral Infr. (200) 834-5837 General Infr. (508) 888-7543 FAX (509) 752-8253 FAX (209) 867-4261 FAX (509) 888-7543 Turdestand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to, CAHFS, and the result results from samples sub-field are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples sub-field are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples sub-field are the property of CAHFS. Client information and thords be divided to third parties without written consent of the client, except when required by law, which provided to regulatory agencies. University, its officers,	Test(s) Requested CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Intic (000) 383-4287 FAX (006) 884-5080 submitted to CAHFS, will be treated as ction 4857 and Evidence Code section 1040. includes requirements that test results be immery fees), damage, or liability of any kind employees, or agents.	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK & <u>REGULATORY</u> SUBMISSIONS MUST
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info: Necessary for test method	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Use Animal/Specimen ID Breed (FM) months, years Qr Specimen Type CAHFS, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis 150 N. Sociequist 1700 Road 112 Turlock, CA 96313 Turlock, CA 90331 Exercise CAHFS, Turlock Contersity of California, Davis University of California, Davis 150 N. Sociequist 1700 Road 112 Turlock, CA 90381 Turlock, CA 90381 Canters this Decimes Dr FAX (200) 877-4281 FAX (201) 722-6270 FAX (200) 877-4281 FAX (201) 722-6273 FAX (200) 877-4281 Turdextand that specimens submitted are the property of CAHFS, Ceient information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to call row soluting atto re	Test(s) Requested CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Into: (000) 383-4287 FAX (000) 804-50801 submitted to CAHFS, will be treated as ction 4857 and Vedence Code section 1040. indukes requirements that test results be inverse? feel, damage, or liability of any kind Date:	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK & REGULATORY SUBMISSIONS MUST INCLUDE:
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info: Necessary for test method	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Use Animal/Specimen ID Breed (FM) months, years Qp Specimen Type CAHFS, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis University of California, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis University of California, Davis University of California, Davis Davis, CA B5016 Turlock, CA 85381 General Info: (530) 752-82700 General Info: (209) 634–5837 General Info: (530) 752-82700 General Info: (500) 607–4281 Turdesct And that specimens submitted are the property of CAHFS, including, but not limited to CAHFS, and the tests results from samples confidential information will not be dividged to third parties without writhe consent of the Cleant, acquer when required by law, which provided to regulatory agencis. University, its officers, including, but not limited to contains and will acts or omissions by University, its officers, including out or arising out of services p	Test(s) Requested CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Into: (000) 383-4287 FAX (000) 804-50801 submitted to CAHFS, will be treated as ction 4857 and Vedence Code section 1040. indukes requirements that test results be inverse? feel, damage, or liability of any kind Date:	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK & <u>REGULATORY</u> SUBMISSIONS MUST INCLUDE: ALL FIELDS IN RED PLUS-
tissue type, etc.) Required to ensure correct testing method assignment Test Requested: List specific test procedures Sample Submission Disclaimer & Signature of Submitter: Sign and date the submission form IMPORT/EXPORT SUBMISSION TYPES: ALL FIELDS IN RED & GOLD PLUS- Sample collection date: Date sample taken from the animal Animal Movement Info: Necessary for test method	Treatments/Medications type & when given): Animal/Specimen Information (continue on back) Lab Sex Use Animal/Specimen ID Breed (FM) months, years Qr Specimen Type CAHFS, Davis CAHFS, Turlock University of California, Davis CAHFS, Turlock University of California, Davis University of California, Davis 150 N. Sociequist 1700 Road 112 Turlock, CA 96313 Turlock, CA 90331 Exercise CAHFS, Turlock Contersity of California, Davis University of California, Davis 150 N. Sociequist 1700 Road 112 Turlock, CA 90381 Turlock, CA 90381 Canters this Decimes Dr FAX (200) 877-4281 FAX (201) 722-6270 FAX (200) 877-4281 FAX (201) 722-6273 FAX (200) 877-4281 Turdextand that specimens submitted are the property of CAHFS, Ceient information provided to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to CAHFS, and the tests results from samples confidential information consistent with applicable legit standards, including, but not limited to call row soluting atto re	Test(s) Requested CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 02408 General Into: (000) 383-4287 FAX (000) 804-50801 submitted to CAHFS, will be treated as ction 4857 and Vedence Code section 1040. indukes requirements that test results be inverse? feel, damage, or liability of any kind Date:	in herd/group & Number of animal(s) sick/died: Aids in extent of illness History: Detailed clinical history is used to guide & interpret necropsy findings Disease/Conditions suspected: Supports clinical history & ensures appropriate test assignment Treatments/Medications given: Assists in interpretation of test results BACKYARD FLOCK & REGULATORY SUBMISSIONS MUST INCLUDE:

Sample Packaging & Shipping Guidelines





Supplies Needed for Packaging

- Submission form
- Ziploc/waterproof bag for paperwork
- Two (2) plastic bags (trash bags suitable)
- Cold packs, frozen. NO ICE/DRY ICE
- Absorbent packing material (newspaper, paper towels)
- Cardboard box (insulated preferred)
- Packaging tape

Shipping Details

Ship via FedEx, UPS or other overnight delivery service. DO NOT send perishable items by U.S. Mail. Packages must be shipped to arrive at the lab on a weekday. CAHFS offers a discounted shipping cost thru FedEx. Please phone any laboratory for the FedEx client account number. FedEx shipping charges will apply upon receipt of submission.



Recommendations to Make Sample Submission Easy

- Refrigerate samples if transport is delayed.
- Animal carcasses may be kept refrigerated for no more than 3 days prior to shipment. Freezing interferes with necropsy examination, but if carcass cannot be submitted within 3 days then freeze.
- Be sure to clearly label each sample being submitted for evaluation and include the corresponding animal/specimen ID information on the submission form.
- If more than 10 blood tubes are submitted, package them in the order listed on the submission form.
- Paired serum samples are frequently required for the detection of infection. Remove serum from clot & freeze the first sample until the second sample is drawn, then submit them together. Clearly label and distinguish acute samples from convalescent samples.
- Ensure snap-caps are properly sealed.
- For histopathology fix tissues in 10 times tissue volume of formalin.

Specimen Delivery Services for Submitting Specimens to CAHFS Laboratories

FedEx: (800) 463-3339

CAHFS has contracted commercial service with FedEx for packages under 40 lbs. Currently clients receive a significant discount by using the University of California, Davis FedEx account number. CAHFS will subsequently bill clients for these courier fees. Rates are subject to change without notification. For shipping information and the University's FedEx account number, call any CAHFS laboratory during normal business hours. Please note that this account can only be used for shipments to CAHFS laboratories.

Important items on FedEx form when using the University Account:

Request **STANDARD OVERNIGHT** (arrival is the next afternoon) or **PRIORITY OVERNIGHT** (next morning). DO NOT USE FedEx FIRST Overnight as the discount does not apply.

RECIPIENT box needs to be checked and the University account number entered on the FedEx Acct. No. line provided.

If requesting Saturday delivery to the Davis laboratory, please note: PRIORITY SATURDAY DELIVERY must be requested and NO SIGNATURE REQUIRED selected for driver to deliver packages on a Saturday.

UPS: (800) 742-5877

Golden State Overnight Delivery Services (GSO): (800) 322-5555

OnTrac: (800) 334-5000

Peninsula Messenger Service: Fresno (559) 294-7197, Bakersfield (661) 325-0246, Visalia (559) 734-6328

U.S. Postal Service (USPS): (800) 275-8777

Due to delivery delays, the Davis and Turlock laboratories discourage sending samples U.S. Priority Mail **Service.** Call the destination laboratory for shipping information.

Stay Connected with CAHFS CAHES ONNECTION VETERINARY MEDICINE California Animal Health and Food Safety Laboratory System Stay Connected with CAHFS Connection...Get on our email list! For timely articles and disease updates, subscribe to CAHFS monthly electronic newsletter, CAHFS **Connection**. To sign up, simply contact any of the four CAHFS laboratories through the Contact Us page with your email information. CAHFS Connection is also available on our website under the News & Disease Info section. **Our Expertise in Leveraging National Resources for California** Uniting Federal, State and Local Laboratories for Food Emergency Respons The Food and Drug Administration National Animal Health Laboratory Network (NAHLN) National Animal Health Laboratory Network (NAHLN) ocky Ford A Center NAHLN Approved Laboratories African Swine Feve Bovine Spongiform Encephalopathy (BSE) Newcastle Disease (ND)/Influenza A Virus in Avian (IAV-A) **Chronic Wasting Disease (CWD) \diamond *Classical Swine Fever (CSF) Foot and Mouth Disease (FMD) \diamond udorabies Virus (PRV) For specified agents, not all laboratories are currently participating in surveillance testing "Multiple assays conducted for this agent, refer to speci disease map/list for assay options. Influenza A Virus in Swine (IAV-S) Viral hemorrhagic septicemia (VHS) LABORATORY RESPONSE NETWORK Infectious salmon anemia (ISA) \bigcirc Vesicular Stomatitis (VS)

Visit Us Online https://cahfs.vetmed.ucdavis.edu

Spring Viremia of Carp (SVC)

November 9, 2018

Scrapie

★ National Veterinary Services Laboratories