



UC DAVIS
VETERINARY MEDICINE
 California Animal Health and
 Food Safety Laboratory System

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

For Lab Use Only

Accession #

Rec'd by: _____ Date: _____

Case Coordinator: _____

Accession Type: _____

of samples: _____

Section: _____ Carrier: _____

Commercial Poultry Submission Form

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

Ranch/Collection Site _____

Reference #/Flock Profile _____

Date Sample(s) Collected _____ Date Shipped _____

Sample Carrier & Contact #: _____

Submitter/Vet _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

Bill To: Owner Submitter/Vet Other (list below)

Report To: Owner Other (list below)

Report By: Email US Mail Fax

Number & Type of specimens being submitted: _____

Specific Test(s) requested: _____

Species & Production Class

Flock Information

Vaccination History - Age/Date

Turkey
 Breeder
 Meat
 Chicken
 Breeder
 Layer
 Meat
 Other: _____

Breed _____
 Age _____ (days / weeks) Sex _____
 Flock ID _____
 House #/ID _____
 Animal location (county) _____
 # of birds on ranch _____
 # of birds in house _____
 % or # of birds sick _____
 % or # mortality _____ (D / W / M)

Marek's _____ SE _____
 NDV _____ E. coli _____
 IBV _____ Cocci _____
 IBDV _____ Other _____
 AE _____
 POX _____
 MG _____
 HE _____
 B. avium _____
 ILT _____
 Inf. Coryza _____

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

Disease(s) or condition(s) suspected: _____

Treatments/Medications (type & when given): _____

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

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 1550 N. Soderquist Avenue
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 University of California, Davis
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 Tulare, CA 93274
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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. Client information and test results are automatically provided to the veterinarian listed on the submission form. This 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:** _____