



Accession #

Rec'd by: _____ Date: _____

Case Coordinator: _____

Accession Type: _____

Section: _____

Carrier: _____

****CAHFS- ATTACH SUBMISSION FORM TO REPORT****

Poultry Salmonella (SE) Environmental Monitoring Submission Form

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Ranch (Premise/Collection Site): _____

Reference#: _____

Sample Carrier & Contact #: _____

Date Sample Collected: _____ Date Samples Shipped: _____

Submitter's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Bill To: Owner Submitter Other: _____

Report To: Owner Submitter Other: _____

Report By: B Email Fax US Mail

Number & Type of Specimens Submitted: _____

Specific Test Requested: SE PCR Salmonella Culture/Grp D Only Other: _____

Reason for Submission: _____

(CAHFS use Flock Monitoring)

Species/Production Class	Flock Information	NPIP OFFICIAL- CA Poultry Federation (NPIP submission type)
Turkey- Breeder Meat	Flock ID: _____ Age of Birds: _____	CA NPIP#: _____ # of birds in house: _____
Chicken- Layer Breeder Broiler	Hatch Date: _____ House #/ID: _____	
Other - _____	County which birds are located: _____	

SALMONELLA (SE) ENVIRONMENTAL MONITORING PROGRAM PROTOCOLS:

Chick Papers/Chick Paper Swabs – at delivery – (Test Code 170 or 10751 - SE PCR)

Pre-Production – 14 to 16 weeks of age – (Test Code 11081- Salmonella Culture Group D only)

Mid-Production – 40 to 45 weeks of age – (Test Code 11081- Salmonella Culture Group D only)

Post Molt – 4 to 6 weeks post molt – (Test Code 11081- Salmonella Culture Group D only)

Pre-Market – pre depopulation – (Test Code 170 or 10751 - SE PCR)

Other: _____

Sample ID's: _____

CAHFS, Davis
 W. Health Sciences Dr.
 Davis, CA 95616
 (530) 752-8700
 FAX (530) 752-6253

CAHFS, San Bernardino
 105 West Central Avenue
 San Bernardino, CA 92408
 (909) 383-4287
 FAX (909) 884-5980

CAHFS, Tulare
 18760 Road 112
 Tulare, CA 93274
 (559) 688-7543
 FAX (559) 688-2985

CAHFS, Turlock
 1550 N. Soderquist
 Turlock, CA 95380
 (209) 634-5837
 FAX (209) 667-4261

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: _____