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For Lab Use Only

Accn # [ ] Rec'd by: \_\_\_\_\_
Case Coordinator: \_\_\_\_\_ 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 If testing for animal movement please specify:
[ ] Horse [ ] Chicken [ ] Domestic [ ] Export out of U.S.
[ ] Swine [ ] Psittacine Animal being shipped to: \_\_\_\_\_
[ ] Sheep [ ] Goat (Specify test methods below) Destination / Date of Shipment
[ ] Rabbit [ ] Plant or Feed Current Location of Animal(s) \_\_\_\_\_
[ ] Other \_\_\_\_\_ Production Class \_\_\_\_\_ (county, state)
(i.e. beef, dairy, calf ranch, etc.)

Table with 2 columns and 4 rows: #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 [ ]
Disease(s) or condition(s) suspected: \_\_\_\_\_
Treatments/Medications (type & when given): \_\_\_\_\_

Animal/Specimen Information (continue on back)

Table with 8 columns: 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
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CAHFS, Tulare University of California, Davis 18760 Road 112 Tulare, CA 93274
CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 92408

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.

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

