



UC DAVIS
VETERINARY MEDICINE
 California Animal Health and
 Food Safety Laboratory System
<http://cahfs.ucdavis.edu>

For Lab Use Only

Accn #
 Rec'd by: _____
 Case Coordinator: _____
 Accn Type _____
 # of Samples _____
 Date rec'd _____
 Section _____
 Bill to: Vet Clinic Owner Other
 Carrier _____

Veterinarian's Name _____ Owner's Name _____
 Clinic Name _____ Ranch _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Phone _____ Fax _____
 Email _____ Email _____

fax, email, or mail

Add'l Copy to _____

Reference # _____ Date sample(s) taken _____ Date shipped _____

Cattle Turkey
 Horse Chicken
 Swine Psittacine _____
 Sheep Goat
 Rabbit Plant or Feed
 Other _____

Movement Sample
(Specify test methods below) Destination / Date of movement _____
 Location of Animal(s) _____
 (county, state)
 Project/Trial CAHFS contact _____
 Production Class _____
 (i.e. beef, dairy, calf ranch, etc.)

#in group/hse	
#in herd/flk	
#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: _____ Euth? Yes No Insured? Yes Email notification sample receipt? Yes

 _____ (continue on next page if necessary)

Disease(s) or condition(s) suspected:

Animal/Specimen Information (continue on back)

Animal ID/Name	Breed	Sex (F/M)	Age	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 95381
 General Info: (209) 634-5837
 FAX (209) 667-4261

CAHFS, Tulare
 University of California, Davis
 18830 Road 112
 Tulare, CA 93274
 General Info: (559) 688-7543
 FAX (559) 686-4231

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:** _____

