



Sample Collected By (Name): _____

For Lab Use Only

- Reason for test:
- Pre-movement Testing
 - Surveillance
 - Clinical

Accn # Rec'd by: _____

CC: _____ Accn Type: _____

of Samples: _____ Date rec'd: _____ Section: _____

Paid: _____ Carrier: _____

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

Incident: **HPAI in dairy cattle**

FAD # for sick cows only [from CDFA]: _____

Prem ID: _____

Veterinarian's Name _____	Owner Name _____
Clinic Name _____	Ranch _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____	Email _____
Bill to: <input type="checkbox"/> Clinic <input type="checkbox"/> Owner <input type="checkbox"/> Other _____	Report to: <input type="checkbox"/> Clinic <input type="checkbox"/> Owner
<input type="checkbox"/> If UC Recharge Acct # (required): _____	<input type="checkbox"/> Add'l Copy to: _____
Bill to address if different than above: _____	Preferred reporting method: <input type="checkbox"/> fax, <input type="checkbox"/> email, and/or <input type="checkbox"/> mail
	Email notification of sample receipt? Yes <input type="checkbox"/>

Sample Reference _____ Date sample(s) collected _____ Date sample(s) shipped _____

<input type="checkbox"/> Cattle <input type="checkbox"/> Turkey <input type="checkbox"/> Horse <input type="checkbox"/> Chicken <input type="checkbox"/> Swine <input type="checkbox"/> Psittacine <input type="checkbox"/> Sheep <input type="checkbox"/> Goat <input type="checkbox"/> Rabbit <input type="checkbox"/> Plant or Feed <input type="checkbox"/> Other _____	<p>If testing for animal movement please specify:</p> <p><input type="checkbox"/> Domestic <input type="checkbox"/> Export out of U.S.</p> <p>Animal being shipped to: _____ <small>(Specify test methods below) Destination / Date of Shipment</small></p> <p>Current Location of Animal(s) _____ <small>(county, state)</small></p> <p>Production Class _____ <small>(i.e. beef, dairy, calf ranch, etc.)</small></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td>#in herd/flk</td><td></td></tr> <tr><td>#in group/hse</td><td></td></tr> <tr><td>#sick</td><td></td></tr> <tr><td>#died</td><td></td></tr> </table>	#in herd/flk		#in group/hse		#sick		#died	
#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

(continue on next page if necessary)

Treatments/Medications (type & when given): _____

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

Animal/Specimen Information <small>(continue on back)</small>							
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 General Info: (530) 752-8700 FAX (530) 752-6253	CAHFS, Turlock University of California, Davis 1550 N. Soderquist Turlock, CA 95380 General Info: (209) 634-5837 FAX (209) 667-4261	CAHFS, Tulare University of California, Davis 18760 Road 112 Tulare, CA 93274 General Info: (559) 688-7543 FAX (559) 688-2985	CAHFS, San Bernardino University of California, Davis 105 West Central Avenue San Bernardino, CA 92408 General Info: (909) 383-4287 FAX (909) 884-5980
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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:** _____

