



California Animal Health & Food Safety Laboratory System

Sample Collected By (Name): _____

For Lab Use Only

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

Submission Instructions:

- Complete Lab Submission and Excel spreadsheet with IDs
Email Lab Submission, Excel spreadsheet with IDs and tracking number for shipment to hpai.labcoordinator@cdfa.ca.gov
Ship Samples with Documentation Priority or First Overnight to CAHFS, Davis lab

Reason for Test:

- Pre-movement Testing
Monitored Herd Surveillance
Non-Monitored Herd Surveillance
Clinical

Accn #
Rec'd by:
CC:
Accn Type:
of Samples:
Date rec'd:
Section:
Paid:
Carrier:

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: Clinic Owner Other

Report to: 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
Horse Chicken
Swine Psittacine
Sheep Goat
Rabbit Plant or Feed
Other

If testing for animal movement please specify:

- Domestic Export out of U.S.

Animal being shipped to:

(Specify test methods below) Destination / Date of Shipment

Current Location of Animal(s)

(County, State)

Production Class

(i.e. beef, dairy, calf ranch, etc.)

Table with 2 columns: Label, Value. 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

(use additional sheets if necessary)

Treatments/Medications (type & when given):

Disease(s) or condition(s) suspected:

Animal/Specimen Information on Page 2

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

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:

