

# CAHFS

CALIFORNIA ANIMAL HEALTH AND FOOD SAFETY LABORATORY SYSTEM

## A CLIENT'S GUIDE TO SUBMITTING TO CAHFS



**VETERINARY MEDICINE**  
*California Animal Health and  
Food Safety Laboratory System*

American Association of Veterinary  
Laboratory Diagnosticians  
and ISO 17025 accredited



July 2021

LEADING DIAGNOSTICS NATIONALLY, PROTECTING CALIFORNIA LOCALLY



**VETERINARY MEDICINE**  
*California Animal Health and Food Safety Laboratory System*

**CAHFS Davis - University of California, Davis**  
 620 W. Health Sciences Drive  
 Davis, CA 95616  
 General Info (530) 752-8700  
 Fax (530) 752-6253

**CAHFS Turlock - University of California, Davis**  
 1550 N. Soderquist Avenue  
 Turlock, CA 95380  
 General Info (209) 634-5837  
 Fax (209) 667-4261  
 \*Avian & Rabbit Only

**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



The **California Animal Health and Food Safety Laboratory System (CAHFS)** is the backbone of California's warning system that helps to protect the health of California's livestock and poultry. CAHFS serves the people of California by safeguarding the public health with rapid and reliable diagnoses for animal diseases including those affecting humans. It also serves the equine industry by providing high-quality drug testing and pharmacology programs. CAHFS offers a multi-disciplinary team approach using a comprehensive menu of tests and innovative services to protect animal health and commerce, public health and the food supply. CAHFS operates in partnership with the California Department of Food & Agriculture, University of California Davis, veterinarians, and livestock and poultry producers. CAHFS is fully accredited by The American Association of Veterinary Laboratory Diagnosticians (AAVLD) and is a member of the following coordinated National Health Surveillance Networks: National Animal Health Laboratory Network, Federal Emergency Response Network, Veterinary Laboratory Investigation & Response Network and the Centers for Disease Control Laboratory Response Network.

**Diagnostic Services**

Pathology, Bacteriology, Serology/Immunology, Toxicology, Molecular Diagnostics, Virology, Electron Microscopy, Aquaculture and Food Pathogen.

**CAHFS Mission**

CAHFS provides quality services that protect animal health and performance, public health and the food supply.

**CAHFS Website** - <https://cahfs.vetmed.ucdavis.edu>

**Hours of Operation**

Monday through Friday from 8:00 am-5:00 pm except holidays. After-hours and weekend submissions are accepted at the discretion of the on-call diagnostician; extra fees will apply. Contact any [CAHFS laboratory](#) for more information.

**Lab Test & Fee Guidelines**

Visit CAHFS' [Lab Tests & Fees](#) page for individual test methods, specimen information, specific sample information and price of tests.

**Payment Guidelines**

First time submitters must pay upon submission. Standard submission fees can be paid upon receipt. A monthly billing statement will be delivered via US Mail for any unpaid balances. Payment can be made in multiple ways; Visa/Mastercard (in-person or by phone 530-752-8700), cash (in-person) or check (in-person or by mail). Checks payable to: UC Regents.

**Reporting Results**

CAHFS reporting is confidential. Results are provided as instructed on the submission form.

It is highly recommended a veterinarian be involved in any submission as CAHFS does not provide treatment or disease prevention recommendations.

# Submission Form Guidelines & Requirements



CAHFS aims to provide clients with timely and accurate diagnostic testing services. The first step in testing is receiving an official CAHFS submission form, signed and completed in its entirety along with the specimen(s). The specimen submission form is a standard laboratory form required to be used by all individual or agencies submitting samples to any CAHFS laboratories. We understand that our form is comprehensive. It has been designed to acquire essential disease surveillance information plus information that will aid in deciding the laboratory approach or in interpreting laboratory observations. Download our fillable submission form at <https://cahfs.vetmed.ucdavis.edu/submitting/submission-forms>

Thank you for providing us with complete and accurate information.

## MINIMUM REQUIRED INFORMATION ON ALL SUBMISSION TYPES

**Veterinarian:** Veterinary oversight is strongly suggested upon sample submission

**Owner:** Full owner information required if sample submitter

**Bill To:** Provide complete billing information

**Report To & Method:** Ensures report will go to all requested individuals.

**Species Type:** Required to ensure correct test assignment

**Current Location of Animal(s):** To determine county & state in which animal(s) are located

**Animal/Specimen IDs:** Necessary for sample identification

**Specimen Type:** Specify sample type (ex. whole blood, tracheal swab, tissue type, etc.) Required to ensure correct testing method assignment

**Test Requested:** List specific test procedures

**Sample Submission Disclaimer & Signature of Submitter:** Sign and date the submission form

<p><b>UC DAVIS</b> VETERINARY MEDICINE California Animal Health and Food Safety Laboratory System</p> <p>FOR MORE INFO VISIT: <a href="http://www.cahfs.ucdavis.edu">http://www.cahfs.ucdavis.edu</a></p>	<i>For Lab Use Only</i>	
	Accn # _____	Rec'd by: _____
Case Coordinator: _____		Accn Type: _____
# of Samples: _____		Date rec'd: _____
Paid: <input type="checkbox"/>		Section: _____
		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: <input type="checkbox"/> Vet <input type="checkbox"/> Clinic <input type="checkbox"/> Owner <input type="checkbox"/> Other _____	Report to: <input type="checkbox"/> Vet <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 _____	If testing for animal movement please specify: <input type="checkbox"/> Domestic <input type="checkbox"/> Export out of U.S. Animal being shipped to: _____ (Specify test methods below) Destination / Date of Shipment	#in herd/flk #in group/hse #sick #died
	Current Location of Animal(s) _____ (county, state)	
	Production Class _____ (i.e. beef, dairy, calf ranch, etc.)	

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): \_\_\_\_\_

Lab Use	Animal Name/Specimen ID	Breed	Sex (FM)	Age in Units (days, weeks, months, years)	Qty	Specimen Type	Test(s) Requested

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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. 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: \_\_\_\_\_

- Minimum Requirements for ALL
  - Non-Pathology
  - Pathology (Necropsy)
  - ★ Backyard & Regulatory
  - Import/Export
- The following submission type(s) provide further information:

**NON-PATHOLOGY SUBMISSION TYPES:**  
**ALL FIELDS IN RED PLUS-**  
**Sample collection date:** Date sample taken from the animal  
**Sample ship date:** Date sample shipped/transported to the CAHFS laboratory  
**History:** Information provided aids in test assignment & interpretation of results  
**Disease/Conditions suspected:** Supports clinical history & ensures appropriate test assignment  
**Treatments/Medications given:** Assists in interpretation of test results

**PATHOLOGY (NECROPSY) SUBMISSION TYPES:**  
**ALL FIELDS IN RED PLUS-**  
**Number of animal(s) in herd/group & Number of animal(s) sick/died:** Aids in extent of illness  
**History:** Detailed clinical history is used to guide & interpret necropsy findings  
**Disease/Conditions suspected:** Supports clinical history & ensures appropriate test assignment  
**Treatments/Medications given:** Assists in interpretation of test results

**BACKYARD FLOCK & REGULATORY SUBMISSIONS MUST INCLUDE:**  
**ALL FIELDS IN RED PLUS-**  
**Herd/Flock & Group/House:** Specify # of animals on premises

# Sample Packaging & Shipping Guidelines



**START HERE**



**PREPARE SAMPLE(S) FOR PACKAGING**



Seal the box with package tape, address & ship to the nearest lab for next day delivery. \*Turlock avian & rabbit only

**SHIP THE SAMPLE(S)**

Place the complete submission form in a sealed waterproof bag to prevent the form from getting wet and place in the container with the submitting sample(s).

## Packaging Guidelines:

- Protect the submission form from moisture by enclosing it in a Ziploc/waterproof bag.
- Do not use water filled baggies that have been frozen as ice packs; use gel packs.
- Place (small) carcass in a plastic trash bag, tightly seal bag to prevent leakage. Double-bag carcass in a second plastic trash bag with added frozen cold packs.
- Double-bag any fresh tissues. Organs placed in a single Ziploc or whirl-pak bag may leak.
- Package formalin-fixed samples in a sealed, waterproof container. Use parafilm to seal the lid and double bag with absorbent.
- Samples shipped in cardboard boxes should be placed in a waterproof bag or container and sealed tightly to prevent leakage.
- Do not put multiple loose glass tubes in a container/bag. Styrofoam mailers or foil-pack method is preferred.
- If using vacutainer box, secure tubes by placing strips of packing tape across the tube tops and adhere the tape to the box or by wrapping entire box in foil.

Styrofoam mailers & foil-pack method examples



**PACKAGE MATERIAL**



If cold or frozen samples use cold packs (NO ICE CUBES or DRY ICE). Add newspaper or paper towels to absorb any moisture to a cardboard box with insulation preferred.

**Complete & Sign Submission Form**

**PREPARE SUBMISSION FORM & PLACE IN WATERPROOF BAG**

## Supplies Needed for Packaging

- [Submission form](#)
- Ziploc/waterproof bag for paperwork
- Two (2) plastic bags (trash bags suitable)
- Cold packs, frozen. NO ICE/DRY ICE
- Absorbent packing material (newspaper, paper towels)
- Cardboard box (insulated preferred)
- Packaging tape

## Shipping Details

Ship via FedEx, UPS or other overnight delivery service. DO NOT send perishable items by U.S. Mail. Packages must be shipped to arrive at the lab on a weekday. CAHFS offers a discounted shipping cost thru FedEx. Please phone any laboratory for the FedEx client account number. FedEx shipping charges will apply upon receipt of submission.



## Recommendations to Make Sample Submission Easy

- Refrigerate samples if transport is delayed.
- Animal carcasses may be kept refrigerated for no more than 3 days prior to shipment. Freezing interferes with necropsy examination, but if carcass cannot be submitted within 3 days then freeze.
- Be sure to clearly label each sample being submitted for evaluation and include the corresponding animal/specimen ID information on the submission form.
- If more than 10 blood tubes are submitted, package them in the order listed on the submission form.
- Paired serum samples are frequently required for the detection of infection. Remove serum from clot & freeze the first sample until the second sample is drawn, then submit them together. Clearly label and distinguish acute samples from convalescent samples.
- Ensure snap-caps are properly sealed.
- For histopathology fix tissues in 10 times tissue volume of formalin.

## Specimen Delivery Services for Submitting Specimens to CAHFS Laboratories

**FedEx:** (800) 463-3339

CAHFS has contracted commercial service with FedEx for packages under 40 lbs. **Currently clients receive a significant discount by using the University of California, Davis FedEx account number.** CAHFS will subsequently bill clients for these courier fees. Rates are subject to change without notification. For shipping information and the University's FedEx account number, call any CAHFS laboratory during normal business hours. Please note that this account can only be used for shipments to CAHFS laboratories.

### **Important items on FedEx form when using the University Account:**

- Request STANDARD OVERNIGHT (arrival is the next afternoon) or PRIORITY OVERNIGHT (next morning). **Do Not use "First Overnight"**
- **On Bill-To section, RECIPIENT box needs to be checked (NOT Third Party) and the University Account number entered on the FedEx Acct No line provided.**
- If requesting Saturday delivery to the Davis laboratory, please note:
  - PRIORITY SATURDAY DELIVERY must be requested and
  - NO SIGNATURE REQUIRED selected for driver to deliver packages on a Saturday.

**UPS:** (800) 742-5877

**Golden State Overnight Delivery Services (GSO):** (800) 322-5555

**OnTrac:** (800) 334-5000

**Peninsula Messenger Service:** Fresno (559) 294-7197, Bakersfield (661) 325-0246, Visalia (559) 734-6328

**U.S. Postal Service (USPS):** (800) 275-8777

**Due to delivery delays, the Davis and Turlock laboratories discourage sending samples U.S. Priority Mail Service.** Call the destination laboratory for shipping information.




# CAHFS CONNECTION

## Stay Connected with CAHFS Connection...Get on our email list!

For timely articles and disease updates, subscribe to CAHFS monthly electronic newsletter, **CAHFS Connection**. To sign up, simply contact any of the four CAHFS laboratories through the [Contact Us](#) page with your email information. CAHFS Connection is also available on our website under the [News & Disease Info](#) section.

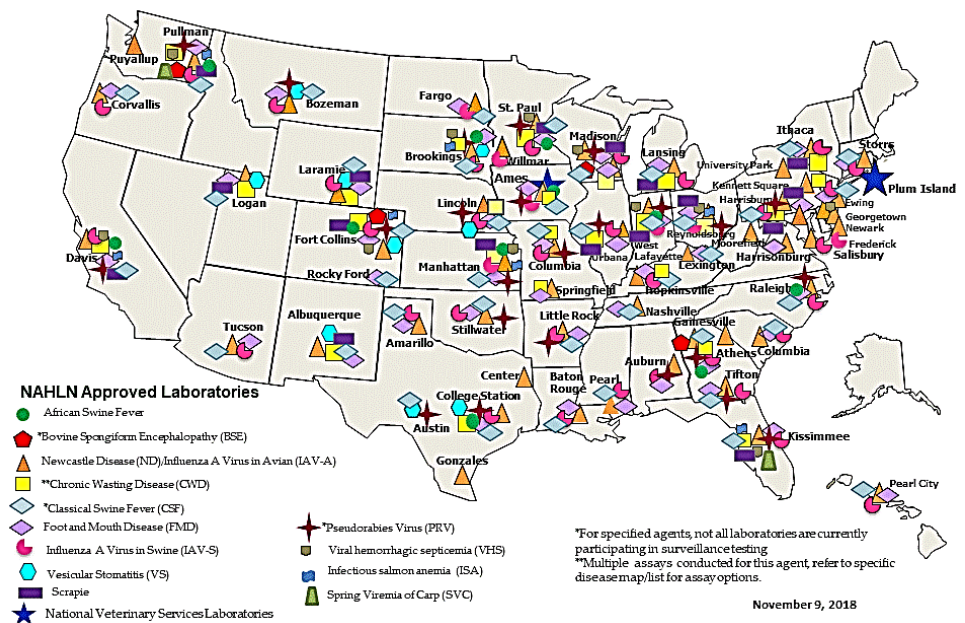
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