



California Animal Health & Food Safety Laboratory System

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

For Lab Use Only

Accn # Rec'd by:

CC: Accn Type:

of Samples: Date rec'd:

Paid: ☐ Carrier:

Immunohistochemistry (IHC) Submission Form

Submitter's Name

Institution

Address

City

State

Zip

Phone

Fax

Email

Bill to: ☐ Submitter ☐ Other:

☐ If UC Recharge Acct # (required):

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:

- | | |
|---------------------------------|-------------------------------------|
| <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"/> Dog |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Other |

Please Choose One Option

☐ **Stain & Interpretation**

(Slides/blocks will be retained)

☐ **Stain only**

(Slides/blocks return shipping fee will apply)

Clinical history (signs, duration, nutrition, housing, vaccination, treatments, production level, previous history of disease, additional tests performed, e.g., PCR) -

Submitting:

☐ **Block(s) – ID**

☐ **Slide(s) – ID**

Related Accession #(s):

Tissue(s):

Fixative:

Time in fixative:

Other information & requests:

Test(s) Requested:

- | | |
|---|--|
| <input type="checkbox"/> Acanthamoeba | <input type="checkbox"/> Infectious bronchitis virus |
| <input type="checkbox"/> Balamuthia | <input type="checkbox"/> Leptospira |
| <input type="checkbox"/> Bovine coronavirus | <input type="checkbox"/> Listeria |
| <input type="checkbox"/> Bovine herpesvirus 1 | <input type="checkbox"/> Mycoplasma bovis |
| <input type="checkbox"/> Bovine respiratory syncytial virus | <input type="checkbox"/> Mycoplasma gallisepticum |
| <input type="checkbox"/> Caprine arthritis and encephalitis virus | <input type="checkbox"/> Naegleria fowleri |
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Paenibacillus sordellii |
| <input type="checkbox"/> Clostridium chauvoei | <input type="checkbox"/> Porcine circovirus 2 |
| <input type="checkbox"/> Clostridium novyi | <input type="checkbox"/> Toxoplasma gondii |
| <input type="checkbox"/> Clostridium perfringens | <input type="checkbox"/> Treponema |
| <input type="checkbox"/> Clostridium septicum | <input type="checkbox"/> West Nile virus |
| <input type="checkbox"/> Deer adenovirus | <input type="checkbox"/> Other: |

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
18830 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. 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: _____