



California Animal Health & Food Safety Laboratory System

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

For Lab Use Only

Accession #

Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Case Coordinator: \_\_\_\_\_

Accession Type: \_\_\_\_\_

Section: \_\_\_\_\_

Carrier: \_\_\_\_\_

**\*\*CAHFS- ATTACH SUBMISSION FORM TO REPORT\*\***

### Poultry Salmonella (SE) Environmental Monitoring Submission Form

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Ranch (Premise/Collection Site): \_\_\_\_\_

Reference#: \_\_\_\_\_

Sample Carrier & Contact #: \_\_\_\_\_

Date Sample Collected: \_\_\_\_\_ Date Samples Shipped: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Bill To: Owner Submitter Other: \_\_\_\_\_

Report To: Owner Submitter Other: \_\_\_\_\_

Report By: B Email Fax US Mail

Number & Type of Specimens Submitted: \_\_\_\_\_

Specific Test Requested: SE PCR Salmonella Culture/Grp D Only Other: \_\_\_\_\_

Reason for Submission: \_\_\_\_\_

(CAHFS use Flock Monitoring)

Species/Production Class	Flock Information	NPIP OFFICIAL- CA Poultry Federation (NPIP submission type)
Turkey- Breeder Meat	Flock ID: _____ Age of Birds: _____	CA NPIP#: _____ # of birds in house: _____
Chicken- Layer Breeder Broiler	Hatch Date: _____ House #/ID: _____	
Other - _____	County which birds are located: _____	

#### SALMONELLA (SE) ENVIRONMENTAL MONITORING PROGRAM PROTOCOLS:

- Chick Papers/Chick Paper Swabs – at delivery – (Test Code 170 or 10751 - SE PCR)
- Pre-Production – 14 to 16 weeks of age – (Test Code 11081- Salmonella Culture Group D only)
- Mid-Production – 40 to 45 weeks of age – (Test Code 11081- Salmonella Culture Group D only)
- Post Molt – 4 to 6 weeks post molt – (Test Code 11081- Salmonella Culture Group D only)
- Pre-Market – pre depopulation – (Test Code 170 or 10751 - SE PCR)
- Other: \_\_\_\_\_

Sample ID's: \_\_\_\_\_

CAHFS, Davis  
W. Health Sciences Dr.  
Davis, CA 95616  
(530) 752-8700  
FAX (530) 752-6253

CAHFS, San Bernardino  
105 West Central Avenue  
San Bernardino, CA 92408  
(909) 383-4287  
FAX (909) 884-5980

CAHFS, Tulare  
18760 Road 112  
Tulare, CA 93274  
(559) 688-7543  
FAX (559) 688-2985

CAHFS, Turlock  
1550 N. Soderquist  
Turlock, CA 95380  
(209) 634-5837  
FAX (209) 667-4261

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: \_\_\_\_\_