

# California Animal Health & Food Safety Laboratory System

## Submission Form



For Lab Use Only

Accn. #

Rec'd by \_\_\_\_\_

Case coordinator \_\_\_\_\_

Accn. type \_\_\_\_\_

# Samples \_\_\_\_\_

Date rec'd \_\_\_\_\_

Section \_\_\_\_\_

Bill to (circle): **Vet, Clinic, Owner, Other**

Carrier \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Your reference # \_\_\_\_\_

Date sample(s) taken \_\_\_\_\_ Date shipped \_\_\_\_\_

Fax or  Email results to: \_\_\_\_\_

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

Ranch \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Export Sample \_\_\_\_\_  
(specify test methods below) Destination (country) \_\_\_\_\_

Copy to \_\_\_\_\_

- Cattle
- Horse
- Swine
- Sheep
- Goat
- Rabbit
- Turkey
- Chicken
- Psittacine \_\_\_\_\_
- Ratite \_\_\_\_\_
- Plant or Feed
- Other \_\_\_\_\_

Location of Animal(s) \_\_\_\_\_  
(county, state)

Animal/Group ID(s) \_\_\_\_\_

Production Class \_\_\_\_\_  
(i.e. beef, dairy, calf ranch, etc.)

Duration of Illness \_\_\_\_\_

# in herd	# in group	#sick	#died

Date died \_\_\_\_\_ Euth? Yes No

**History** (clinical signs, nutrition, housing, vaccination, production level, related accessions, etc.):  
If this is an abortion, what is the fetal trimester? 1 2 3 What is the age of the dam?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (continue on reverse if necessary)

Treatments: \_\_\_\_\_

\_\_\_\_\_

Disease(s) or condition(s) suspected: \_\_\_\_\_

Lab Use	Animal/Specimen Information							Test(s) Requested
	Specimen ID	Breed	Sex (F/M)	Age	Qty	Specimen Type		

(continue on back if necessary)

**CAHFS, Davis**  
University of California, Davis  
W. Health Sciences Dr.  
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FAX (530) 752-6253

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**CAHFS, Fresno**  
University of California, Davis  
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**CAHFS, Tulare**  
University of California, Davis  
18830 Road 112  
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**CAHFS, San Bernardino**  
University of California, Davis  
105 West Central Avenue  
San Bernardino, CA 92408  
General Info (909) 383-4287  
FAX (909) 884-5980

**Signature of Submitter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

