



**California Animal Health & Food Safety
Laboratory**
University of California, Davis
<http://cahfs.ucdavis.edu>
Standard Submission Form

For Lab Use Only

Accn # _____
Rec'd by: _____
Case Coordinator: _____
Accn Type _____
of Samples _____
Date rec'd _____
Section _____
Bill to: ☐ Vet ☐ Clinic ☐ Owner ☐ Other
Carrier _____

Veterinarian's Name _____ Owner's Name _____
Clinic Name _____ Ranch _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Phone _____
Your reference # _____
Date sample(s) taken _____ Date shipped _____
☐ FAX or ☐ Email _____
☐ Export Sample _____
(Specify test methods below) Destination (Country)

☐ Cattle ☐ Turkey Location of Animal(s) _____
☐ Horse ☐ Chicken _____ (county, state)
☐ Swine ☐ Psittacine _____ Animal/Group ID(s) _____
☐ Sheep ☐ Ratite _____ Production Class _____
☐ Goat ☐ Plant or Feed _____ (i.e. beef, dairy, calf ranch, etc.)
☐ Rabbit ☐ Other _____ Duration of Illness _____
Date of death: _____ Euth? ☐ Yes ☐ No

# in herd	# in group	# sick	# dead

History (clinical signs, nutrition, housing, vaccination, production level, etc. Use next page if more space is needed.):

If this is an abortion, what is the fetal trimester? ☐ 1 ☐ 2 ☐ 3 What is the age of the dam? _____

_____ (continue on next page if necessary)

Treatments: _____

Disease(s) or condition(s) suspected: _____

Animal/Specimen Information
(continue on back if necessary)

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

CAHFS, Davis
University of California, Davis
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 95381
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) 686-4231

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:** _____

History (continued)

Animal/Specimen Information
(please use for multiple animal submission)

Lab Use	Specimen ID	Breed	Sex	Age	Qty	Specimen Type	Test(s) Requested
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