



UC DAVIS
VETERINARY MEDICINE
 California Animal Health and
 Food Safety Laboratory System

http://cahfs.ucdavis.edu

Commercial Poultry Form

Accession # _____

For Lab Use
Only

Rec'd by: _____ Date: _____
 Case Coordinator _____
 Accession Type _____
 # of Samples _____
 Section _____ Carrier _____

Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Submitter/Vet _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Ranch/Collection Site _____
 Reference#/Flock Profile _____
 Date Sample(s) Taken _____ Date Shipped _____
 Sample Carrier & Contact # _____

Bill To: Owner Submitter/Vet Other (list below) _____
 Report To: Owner Submitter/Vet Other (list below) _____
 Report By: Email US Mail Fax

Number & Type of specimens being submitted: _____

Specific Test(s) requested: _____

<u>Species/Production Class</u>	<u>Flock Information</u>	<u>Vaccination History</u>	<u>(Age/Date)</u>
<input type="checkbox"/> Turkey	Breed _____	Marek's _____	_____
<input type="checkbox"/> Breeder	Age _____ (days / weeks) Sex _____	NDV _____	_____
<input type="checkbox"/> Meat	Flock ID _____	IBV _____	_____
<input type="checkbox"/> Chicken	House #/ID _____	IBDV _____	_____
<input type="checkbox"/> Breeder	Animal location (county) _____	AE _____	_____
<input type="checkbox"/> Layer	# of birds on ranch _____	Pox _____	_____
<input type="checkbox"/> Meat	# of birds in house _____	M G _____	_____
<input type="checkbox"/> Other _____	% or # of birds sick _____	H E _____	_____
	% or # mortality _____ (D / W / M)	B. avium _____	_____
		I LT _____	_____
		Haemophilus _____	_____
		Cocci _____	_____
		SE _____	_____
		Other _____	_____

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

Disease(s) or condition(s) suspected _____
 Treatments/Medications (type & when given) _____

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

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

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 18830 Road 112
 Tulare, CA 93274
 (559) 688-7543
 FAX (559) 686-4231

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. 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:** _____