

BACKYARD POULTRY SUBMISSION GUIDELINES

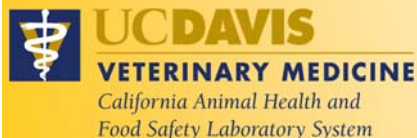
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CAHFS provides specialized necropsy examinations for birds from backyard flocks. For the purposes of this program, a “backyard flock” is defined as chickens, turkeys, squabs and water fowl of less than 1,000 birds in the flock. Up to two birds may be examined for \$20 (shipping fees apply).

It does NOT include pet birds, quail, pheasants, racing pigeons, etc. Standard fees apply for these species.

Note: Bird carcasses may be kept refrigerated for no more than three days prior to shipment. Please do not freeze the bird as freezing interferes with the necropsy examination.

To ship a dead bird from a backyard flock for necropsy, the following items will be needed:

- Submission form
- Two (2) plastic bags (trash bags are suitable)
- Ziploc type or waterproof bag for paper work
- Cold packs, frozen
- Absorbent packing material such as newspaper or paper towels
- Cardboard box (insulated preferred)
- Packaging tape

Packaging instructions:

1. Complete the submission form and place in a Ziploc type bag *separate* from the carcass.
2. Place the bird carcass in a plastic trash bag and tightly seal the bag to prevent leakage.
3. Add frozen cold packs (NO ICE CUBES!) to a second plastic trash bag. Place the bag containing the carcass into the bag with the cold packs and seal carefully to prevent leakage.
4. Add newspaper or paper towels to the box to absorb any moisture and prevent the box from getting soggy while in transit.
5. Put the Ziploc bag with the submission form in the box.
6. Seal the box with packaging tape and ship for Next Day delivery via FedEx, UPS, or similar overnight delivery service. DO NOT send by the U.S. Postal Service. Packages must be shipped to arrive at the laboratory on a weekday.

Reporting results:

We highly recommend having a veterinarian involved in your case as CAHFS does not provide treatment, management or disease prevention recommendations.



UC DAVIS
VETERINARY MEDICINE
 California Animal Health and
 Food Safety Laboratory System
<http://cahfs.ucdavis.edu>

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 _____ Fax _____
 Email _____ Email _____

fax, email, or mail

Add'l Copy to _____

Reference # _____ Date sample(s) taken _____ Date shipped _____

Cattle Turkey
 Horse Chicken
 Swine Psittacine _____
 Sheep Goat
 Rabbit Plant or Feed
 Other _____

Movement Sample
(Specify test methods below) Destination / Date of movement _____
 Location of Animal(s) _____
 (county, state)
 Project/Trial CAHFS contact _____
 Production Class _____
 (i.e. beef, dairy, calf ranch, etc.)

#in group/hse	
#in herd/flk	
#sick	
#died	

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

Duration of illness _____ Date of death: _____ Euth? Yes No Insured? Yes Email notification sample receipt? Yes

 _____ (continue on next page if necessary)

Disease(s) or condition(s) suspected:

Animal/Specimen Information (continue on back)

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

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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:** _____

