



Accession #

Rec'd by: _____ Date: _____

Case Coordinator: _____

Accession Type: _____

of samples: _____

Section: _____ Carrier: _____

Commercial Poultry Submission Form

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

Ranch/Collection Site _____

Reference #/Flock Profile _____

Date Sample(s) Collected _____ Date Shipped _____

Sample Carrier & Contact #: _____

Submitter/Vet _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

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 - Age/Date</u>
<input type="checkbox"/> Turkey	Breed _____	Marek's _____ SE _____
<input type="checkbox"/> Breeder	Age _____ (<input type="checkbox"/> days / <input type="checkbox"/> weeks) Sex _____	NDV _____ E. coli _____
<input type="checkbox"/> Meat	Flock ID _____	IBV _____ Cocci _____
<input type="checkbox"/> Chicken	House #/ID _____	IBDV _____ Other _____
<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 _____	MG _____
<input type="checkbox"/> Other: _____	% or # of birds sick _____	HE _____
	% or # mortality _____ (<input type="checkbox"/> D / <input type="checkbox"/> W / <input type="checkbox"/> M)	B. avium _____
		ILT _____
		Inf. Coryza _____

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
 University of California, Davis
 620 W. Health Sciences Drive
 Davis, CA 95616
 General Info: (530) 752-8700
 FAX (530) 752-6253

CAHFS, Turlock
 University of California, Davis
 1550 N. Soderquist Avenue
 Turlock, CA 95380
 General Info: (209) 634-5837
 FAX (209) 667-4261

CAHFS, Tulare
 University of California, Davis
 18760 Road 112
 Tulare, CA 93274
 General Info: (559) 688-7543
 FAX (559) 688-2985

CAHFS, San Bernardino
 University of California, Davis
 105 West Central Avenue
 San Bernardino, CA 92408
 General Info: (909) 383-4287
 FAX (909) 884-5980

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:** _____