Marine/Terrestrial Ecosystem Health Diagnostic Service Protozoal Serology Submission Form

Date/Time				
received: Sample				
condition:				
Received by:				
Species common nar	ne:	Sex:		
Animal name:		Age:		
Animal #:		Condition:		
Sample Type:		Location:		
Sample/Necropsy Da	te:			
Ship Date: Email us tracking number with electronic form.		Tests Requested:		
Submitter Name and Address:		Packham/O Lab 1089 V	Mail specimens to: Packham/One Health Institute Lab 1089 Veterinary Medicine Mall Vet Med 3B Room #1020	
Contact Phone #:		Davis, 0	Davis, CA 95616-5270	
E-mail:				
Clinical History:	(dead or alive, captive or stranded, symptoms, treatment, previous serology):			
Samples may be used for teaching or research purposes consistent with the mission of the University. No specific client or animal information will be disclosed.				
For more detailed results interpretation or other questions use OHI Lab Contacts listed below.				
Serology results:			Lab Contact formation:	
Titers <1:320 are considered negative.		<u>aepackh</u>	rea Packham am@ucdavis.edu 530 304-4817	
Please email an electronic copy of this form when you ship and include a hard copy in shipment. Scanned PDF ok.		mplanca	alena Plancarte <u>irte@ucdavis.edu</u> ne: 530 754-7953	

