## UC Davis-Smith OHI Lab Protozoal Serology Testing Service Sample Submission Form

Date/Time received:				
Sample condition:				
Received by:				
Species/common nam	e:	Sex:		
Animal name:		Age:		
Animal #:		Condition:		
Sample Type:		Date Found:		
Sample/Necropsy Date	e:	Location:		
Ship Date/ Carrier &		Tests		
Tracking #:		Requested:		
8		•		
C 1 '44 N				
Submitter Name and		Mail specimens to: Packham/Smith Lab		
Address:				
			One Health Institute	
C44 Dl #-			ity of California	
Contact Phone #:			Med 3B Room #1020	
E-mail:		1089 Veterinary Medicine Mall		
Davis, CA 95616-5270		CA 95616-5270		
Clinical History: (Indicate status: alive or dead. If alive, captive or stranded, symptoms, treatment,				
	previous serology):			
Samples may be used for teaching or research purposes consistent with the mission of the			vith the mission of the	
	University. No specific client or animal information will be disclosed.			
Please Note: Results will	be sent only to submitting veterinarian.			
	-			
Please contact Dr. Woutr	na Smith ( <u>wasmith@ucdavis.edu</u> 530-219-1	(269) for interpretati	on of results.	
Serology results:				
Scrology results.		Smith OHI Lal	Contact Information:	
			m/Magdalena Plancarte	
			: 530 754-7953 ham@ucdavis.edu and	
<b>Culture results:</b>			rte@ucdavis.edu	
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