

SENTINEL CHICKEN TESTING ORDER FORM 2011

Agency name: _____ Agency code: _____

Ordered by: _____

Please type or print your name

CHICKEN SERA TESTING

Number of samples to be tested*: _____ x **\$9.00** x **(80%)** = \$ _____

*Samples will be tested at CDPH for WNV, SLE, & WEE

Agencies can commit to only 80% of samples ordered, if desired. Agencies will then be billed at the end of the season for the remainder of the balance.

Please fax or email this completed form back to CDPH by January 14, 2011

Fax to:

CDPH/Vector Borne Disease Section

Attn: Melissa Hansen

916-552-9121

Melissa.hansen@cdph.ca.gov