



PLACE BARCODE HERE

OLS USE ONLY

RABIES LABORATORY SPECIMEN SUBMISSION FORM

SUBMITTER INFORMATION

FACILITY NAME	MAILING ADDRESS		
COUNTY	CITY	STATE	ZIP
ATTENTION TO	BUSINESS HOURS PHONE NO.		
FAX NO.	AFTER HOURS PHONE NO.		

Species		If a domestic animal, what is current vaccination status? <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Unknown		DATE COLLECTED	
Date of Animal Death	How did animal die?		Was the animal buried before brain removal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Animal Wild or Owned? <input type="checkbox"/> Not Owned/Wild/Stray <input type="checkbox"/> Owned (Name of Owner _____)				Phone # of Owner	
Address Where Found		City		State	Zip
County Where Found		GIS Coordinates Latitude _____ Longitude _____			
Name of Person Sample Received From			Telephone		
Occupation (check ONE only): <input type="checkbox"/> Animal Control Officer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Police <input type="checkbox"/> Wildlife Officer <input type="checkbox"/> Private Citizen <input type="checkbox"/> County Health Official <input type="checkbox"/> Other _____					
Reason for Testing (Check ALL That Apply): <input type="checkbox"/> Human Exposure <input type="checkbox"/> Other _____ Surveillance: <input type="checkbox"/> Pet/Domestic Animal Exposure (Specify: _____) <input type="checkbox"/> Found Dead/Roadkill <input type="checkbox"/> Odd Behavior					
HUMAN EXPOSURE <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the following:)					
Name of Exposed		Address of Exposed		Date of Human Exposure	
Exposure Type <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Contact Saliva <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		Location of Wound		Post-Exposure Prophylaxis Started? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PET/DOMESTIC ANIMAL EXPOSURE <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the following:)					
Type of Animal Exposed <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Livestock <input type="checkbox"/> Other _____			Vaccination Status of Exposed Animal <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> None <input type="checkbox"/> Unknown		

COMMENTS:

OLS USE ONLY	ACC:
<input type="checkbox"/> UNSAT	DE:
Reason/ID:	CKD: