

REQUEST FOR LABORATORY DETERMINATION OF RABIES

SECTION I - SUBMITTER INFORMATION

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|---|---|--|-----------------|
| 1. TO (Laboratory Address) | 2.a. FROM (Unit Address, including Country) | b. TELEPHONE (Include Area/Country Code) | |
| | | (1) DSN | (2) After Hours |
| | | (3) Commercial | (4) After Hours |
| 3. SUBMITTING VETERINARIAN | | | |
| a. NAME (Last, First, Middle Initial) | b. EMAIL | c. DATE (YYYYMMDD) | |
| 4. ALTERNATE VETERINARY POINT OF CONTACT | | | |
| a. NAME (Last, First, Middle Initial) | b. EMAIL | | |

SECTION II - ANIMAL INFORMATION

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| 5. SUBMITTER ASSIGNED SAMPLE ID NUMBER (REQUIRED) | 6. SPECIES AND/OR COMMON NAME (e.g., dog, cat, skunk, etc.) <input type="checkbox"/> Pet <input type="checkbox"/> Stray | 7. AGE |
| 8. HAS ANIMAL BEEN VACCINATED FOR RABIES? (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | 9.a. DATE ANIMAL WAS VACCINATED (YYYYMMDD) | b. TYPE OF VACCINE |
| 10.a. DATE OF DEATH (YYYYMMDD) | b. MANNER OF DEATH (X one) <input type="checkbox"/> Died <input type="checkbox"/> Euthanized <input type="checkbox"/> Unknown | 11. HUMAN EXPOSURE (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. NUMBER EXPOSED (DD Form 2341 (Bite Report) Reference Number, other information. Do NOT include HIPAA related information.) | | |

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| 13. DESCRIPTION (Provide a list of the animal's symptoms and circumstances of exposure. Do NOT include HIPAA related information.) |
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SECTION III - FOR LABORATORY USE ONLY

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| 14. DATE SAMPLE RECEIVED (YYYYMMDD) | 15. LABORATORY SAMPLE NUMBER | 16. SPECIMEN CONDITION AT RECEIPT | |
| 17. DFA TEST RESULTS | | | |
| a. DFA LAB REPORT NUMBER | b. TEST RESULT (X one) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> INDETERMINATE | | |
| c. DFA RESULT EMAILED TO | d. DATE (YYYYMMDD) | e. TIME | f. INITIALS |
| 18. MNA TEST RESULTS | | | |
| a. MNA LAB REPORT NUMBER | b. TEST RESULT (X one) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> INDETERMINATE | | |
| c. MNA RESULT EMAILED TO | d. DATE (YYYYMMDD) | e. TIME | f. INITIALS |