

REQUEST FOR LABORATORY DETERMINATION OF RABIES

SECTION I - SUBMITTER INFORMATION

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)

SECTION II - ANIMAL INFORMATION

4. 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
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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
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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
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12. NUMBER EXPOSED (DD Form 2341 (Bite Report) Reference Number, other information. **Do NOT** include HIPAA related information.)

13. DESCRIPTION (Provide a list of the animal's symptoms and circumstances of exposure. **Do NOT** include HIPAA related information.)

SECTION III - FOR LABORATORY USE ONLY

14. DATE SAMPLE RECEIVED (YYYYMMDD)	15. LABORATORY SAMPLE NUMBER	16. SPECIMEN CONDITION AT RECEIPT
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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. DFA 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	