

REQUEST FOR LABORATORY DETERMINATION OF RABIES

SECTION I - SUBMITTER INFORMATION

1. TO <i>(Laboratory Address)</i>	2.a. FROM <i>(Unit Address, including Country)</i>	b. TELEPHONE <i>(Include Area/Country Code)</i>	
		(1) DSN	(2) After Hours
		(3) Commercial	(4) After Hours

3. SUBMITTING VETERINARIAN		
a. NAME <i>(Last, First, Middle Initial)</i>	b. EMAIL	c. DATE <i>(YYYYMMDD)</i>

4. ALTERNATE VETERINARY POINT OF CONTACT	
a. NAME <i>(Last, First, Middle Initial)</i>	b. EMAIL

SECTION II - ANIMAL INFORMATION

5. SUBMITTER ASSIGNED SAMPLE ID NUMBER (REQUIRED)	6. SPECIES AND/OR COMMON NAME <i>(e.g., dog, cat, skunk, etc.)</i> <input type="checkbox"/> Pet <input type="checkbox"/> Stray	7. AGE
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8. HAS ANIMAL BEEN VACCINATED FOR RABIES? <i>(X one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	9.a. DATE ANIMAL WAS VACCINATED <i>(YYYYMMDD)</i>	b. TYPE OF VACCINE
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10.a. DATE OF DEATH <i>(YYYYMMDD)</i>	b. MANNER OF DEATH <i>(X one)</i> <input type="checkbox"/> Died <input type="checkbox"/> Euthanized <input type="checkbox"/> Unknown	11. HUMAN EXPOSURE <i>(X one)</i> <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 <i>(YYYYMMDD)</i>	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 <i>(X one)</i> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> INDETERMINATE			
c. DFA RESULT EMAILED TO	d. DATE <i>(YYYYMMDD)</i>	e. TIME	f. INITIALS	

18. MNA TEST RESULTS				
a. DFA LAB REPORT NUMBER	b. TEST RESULT <i>(X one)</i> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> INDETERMINATE			
c. MNA RESULT EMAILED TO	d. DATE <i>(YYYYMMDD)</i>	e. TIME	f. INITIALS	