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)*

4. ALTERNATE VETERINARY POINT OF CONTACT

a. NAME *(Last, First, Middle Initial)*	b. EMAIL

SECTION II - ANIMAL INFORMATION

5. SUBMITTER ASSIGNED SAMPLE ID NUMBER (REQUIRED)	6. SPECIES AND/OR COMMON NAME *(e.g., dog, cat, skunk, etc.)* ☐ Pet ☐ Stray	7. AGE

8. HAS ANIMAL BEEN VACCINATED FOR RABIES? *(X one)* ☐ Yes ☐ No ☐ Unknown	9.a. DATE ANIMAL WAS VACCINATED *(YYYYMMDD)*	b. TYPE OF VACCINE

10.a. DATE OF DEATH *(YYYYMMDD)*	b. MANNER OF DEATH *(X one)* ☐ Died ☐ Euthanized ☐ Unknown	11. HUMAN EXPOSURE *(X one)* ☐ Yes ☐ No

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

17. DFA TEST RESULTS

a. DFA LAB REPORT NUMBER	b. TEST RESULT *(X one)* ☐ POSITIVE ☐ NEGATIVE ☐ 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)* ☐ POSITIVE ☐ NEGATIVE ☐ INDETERMINATE		
c. MNA RESULT EMAILED TO	d. DATE *(YYYYMMDD)*	e. TIME	f. INITIALS