



# RABIES SUBMISSION FORM

Use Only When SendSS is Off-line  
Complete a separate form for each test requested

Laboratory use only

Accession # \_\_\_\_\_

Results:  Positive  Negative  
 Unsatisfactory

Reason: \_\_\_\_\_

**Choose Lab to Perform Test**

Decatur     Waycross

INVESTIGATOR INFORMATION				SAMPLE SOURCE					
Submitter Code			SendSS Offline Ref. ID		County of Incident		Incident Date		
Submitter / Clinic Name			Victim/Owner Last Name		First Name		MI    County		
Street Address				Victim/Owner Phone:		Work Phone:	Cell Phone:		
City		State	Zip	Incident Address		City	State    Zip		
Clinic Phone Number		Fax Number		<b>COLLECTION AND SHIPPING INFORMATION</b>					
Submitter POC Name <i>(required to ensure notice of results)</i>				Sample Type		Date of Collection			
Submitter POC Phone Number <i>(required information)</i>				<input type="checkbox"/> Brain <input type="checkbox"/> Head <input type="checkbox"/> Whole Body <input type="checkbox"/> Other _____		_____ / _____ / _____  <b>Time of Collection</b> _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
<input type="checkbox"/> SELF PAY (SUBMITTER WILL BE INVOICED)				<b>Shipped Condition:</b> <b>Avoid freezing specimens, and any room temperature item must be delivered to PH Lab on collection date</b>				<input type="checkbox"/> Refrigerated <i>(Recommended)</i> <input type="checkbox"/> Other:	
				<i>(Submitter will be billed if a valid code is not provided)</i>				<b>APPROVAL CODE:</b> -    -    -	

SPECIMEN INFORMATION		
BITE NUMBER (EPI) BI/A#	Animal Species	Reason for Testing <i>(mandatory, check all that apply)</i>
County of Animal Origin	<input type="checkbox"/> Cat <input type="checkbox"/> Dog (Breed: _____) <input type="checkbox"/> Fox <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Human Exposure <input type="checkbox"/> Domestic Animal Exposure <input type="checkbox"/> Epidemiological Reasons <input type="checkbox"/> Other:
Date of Death	Vaccinated Animal?	<b>Severity</b> <input type="checkbox"/> Bite-deep <input type="checkbox"/> Bite-superficial <input type="checkbox"/> Scratch <input type="checkbox"/> Non-Bite Exposure (fluids) <input type="checkbox"/> Non Exposure <input type="checkbox"/> Unknown
Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Pet <input type="checkbox"/> Wild <input type="checkbox"/> Stray		

ADDITIONAL CONTACTS RELATED TO INCIDENT						
First Name	Last Name	MI	County	Home Phone	Other Phone	DOB (Victims)

*Attach additional pages for any other contacts related to this specimen*