

REQUEST FOR LABORATORY DETERMINATION FOR RABIES

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.

PRINCIPAL PURPOSE(S): To provide for documentation of the results of laboratory examinations of a deceased animal for rabies.

ROUTINE USE(S): The results of the examinations are used to determine the proper medical management of patients potentially exposed to rabies because of a bite/scratch inflicted by the animal described and belonging to the owner named. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation; and evaluate the care provided.

DISCLOSURE: Voluntary; but if information is not provided, all pertinent and relevant information regarding the medical history of the animal cannot be evaluated. Comprehensive medical care to the individual potentially exposed to rabies may not be possible, but care will not be denied.

1. TO (LABORATORY ADDRESS)	2.a. FROM (UNIT ADDRESS)	c. TELEPHONE NUMBERS (Incl. Area Code)	
		(1) DUTY DSN	(2) AFTER HOURS DSN
	2.b. COUNTRY	COMMERCIAL	COMMERCIAL

SECTION 1 - REQUEST FOR TEST - PART A - IDENTIFICATION

3. OWNER OF ANIMAL (Last Name, First, Middle Initial)	4. ANIMAL	a. FIELD ID#	
	b. SPECIES	c. PET OR STRAY	d. AGE

PART B - SYMPTOMATOLOGY (Past 3 to 5 days) (X all blocks that apply)

5. COULD ANIMAL CLOSE MOUTH? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	6. SALIVATING? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> THIN/WATERY <input type="checkbox"/> THICK/ROPY	7. ABLE TO DRINK WATER? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES
8. LOSS OF APPETITE? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	9. EATING UNUSUAL THINGS? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	10. DIFFICULTY IN SWALLOWING? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	
11. NERVOUS OR UNUSUAL BEHAVIOR? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	12. PARALYSIS OF ANY KIND? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO <input type="checkbox"/> YES	13. DATE FIRST NOTICED SICK	
14. DATE OF DEATH	15. MANNER OF DEATH <input type="checkbox"/> DIED <input type="checkbox"/> EUTHANIZED		

PART C - HISTORY

16. HAD ANIMAL BEEN VACCINATED AGAINST RABIES? a. (X one) <input type="checkbox"/> NO <input type="checkbox"/> YES	b. DATE	c. TYPE OF VACCINE
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PART D - HUMAN EXPOSURES

17.a. NAME	b. ADDRESS	c. DATE	d. TYPE OF EXPOSURE

18. CIRCUMSTANCES OF EXPOSURE AND OTHER REMARKS

19.a. VETERINARIAN (TYPED NAME)	b. GRADE	c. EMAIL ADDRESS	d. SIGNATURE	e. DATE
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SECTION II - FOR LABORATORY USE ONLY

20. DATE SPECIMEN RECEIVED	21. CONDITION		22. LAB ACCESSION NUMBER		
23. FLUORESCENT ANTIBODY RESULTS	24.a. RESULTS EMAILED TO	b. DATE	c. HOUR	d. BY	
25. CELL CULTURE RESULTS		26. FINAL LABORATORY DIAGNOSIS			
27.a. REPORTED BY (TYPED NAME)	b. GRADE	c. TITLE	d. SIGNATURE	e. DATE	