

Rabies Specimen History

FOR LABORATORY USE ONLY

Animal being submitted for testing

Submitter's specimen number (optional) _____

- Species: _____ Owned Wild (feral) or stray
- Age: Adult Juvenile Unknown
- Sex: Male Female Unknown
- Rabies vaccination status: Current Not current Unvaccinated Unknown
- Was the animal sick or acting strangely? Yes No Unknown
Signs of rabies (check all that apply): Neurologic disorder Paralysis Difficulty swallowing Unusual aggression
 Other (describe): _____
- Date of death: _____
- If killed, how? _____
- Owner or complainant (REQUIRED): _____
Name _____ Daytime phone number _____

Location where the submitted animal was found or the exposure occurred

House number and street _____ City _____ State _____ ZIP _____

Nearest cross street _____

If public place (example: school, children's camp, church), provide name _____

County _____ Town (required) _____ Latitude (North-South) (optional) _____ Longitude (East-West) (optional) _____

- Please check this box if **Emergency testing** - outside of regular business hours is requested for this specimen.
Contact the New York State Bureau of Communicable Disease Control for approval at: (518) 473-4439.

Human and domestic animal exposure to the submitted animal

- Was any person bitten by the animal? Yes No Unknown If yes, provide the date of the bite _____
- Has rabies post exposure prophylaxis (PEP) been initiated? Yes No Unknown If yes, provide the date _____
- Was any person scratched by the animal or had contact with its saliva or nervous tissue? Yes No Unknown
- If the animal is a bat**, is there a reasonable probability that any person was exposed?
Example: a bat was found near an unattended child or a person who was asleep and unable to tell if they were bitten. Yes No Unknown
- Did any domestic animal have contact with the submitted animal? Yes No Unknown
Species of exposed domestic animal(s) _____

Specimen prepared by (for drop-off specimens, the submitter)

Agency _____ Daytime phone number _____

Address _____

For questions regarding packaging and shipping of specimens please contact the Rabies Laboratory at (518) 485-6464.

Comments (explain exposures): _____

THE COUNTY HEALTH DEPARTMENT MUST BE NOTIFIED OF ALL HUMAN AND DOMESTIC ANIMAL EXPOSURES

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- The fluorescent antibody test was negative for evidence of rabies.
 The specimen was unsatisfactory for examination due to: decomposition inappropriate tissue mutilation other _____
 Other _____
 EVIDENCE OF RABIES WAS FOUND BY THE FLUORESCENT ANTIBODY TEST.