

Georgia Department of Human Resources  
Public Health Laboratory  
Rabies Submission Form

SUBMITTER INFORMATION	PATIENT INFORMATION
SUBMITTER CODE: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="font-size: 1.2em; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> NAME AND ADDRESS:  CONTACT PERSON: _____ _____ PHONE NUMBER: (    ) _____ _____	Case # _____ Name and Address of Person Exposed/Owner of Animal/Client (circle one)  NAME: _____ <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>LAST</span> <span>FIRST</span> <span>Middle Initial</span> </div> STREET: _____ CITY: _____  ZIP Code: _____ + _____ COUNTY: _____ STATE: _____  DATE OF BIRTH: ____/____/____  Other Persons Exposed: _____      DOB: _____ _____

SPECIMEN INFORMATION
DATE COLLECTED: ____ / ____ / ____  TYPE OF ANIMAL SUBMITTED: <input type="checkbox"/> cat <input type="checkbox"/> dog "breed" _____ <input type="checkbox"/> raccoon <input type="checkbox"/> fox <input type="checkbox"/> bat _____ <input type="checkbox"/> skunk <input type="checkbox"/> other _____  ANIMAL CLASSIFICATION: <input type="checkbox"/> Pet <input type="checkbox"/> Wild <input type="checkbox"/> Stray                                Date of onset of illness _____  REASON(S) FOR TESTING: <input type="checkbox"/> Human exposure <input type="checkbox"/> Domestic animal exposure <input type="checkbox"/> Other _____  EXPOSURE TYPE: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Contact Saliva <input type="checkbox"/> Unknown <input type="checkbox"/> Other                                Exposure Date: ____/____/____  IF NOT THE SAME AS ABOVE ADDRESS, WHERE WAS ANIMAL FOUND?  STREET ADDRESS: _____ CITY _____ ZIP CODE: _____ COUNTY _____  ANIMAL VACCINATION STATUS (if domestic) <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Unknown  Veterinarian who observed animal/phone number _____  Has animal recently fought with a suspected rabid animal? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, date ____/____/____
LABORATORY COPY <span style="float: right;">Form 3062 (Rev.1-2005)</span>