

Choose Lab to Perform Test

GEORGIA PUBLIC HEALTH RABIES SUBMISSION FORM

Use Only When SendSS is Offline

Complete a separate form for each test requested

Laboratory use only										
Accession #										
Results: Positive Negative	e									
Unsatisfactory										
Reason:										

☐ Decatur ☐ Waycr		Reason:										
INVESTIGATOR INFORI	WATION			SAMPLE SOUR	CE							
Submitter Code			SendSS Offline Re		County of In	cident	Incident Date					
					-			/ /				
Submitter / Clinic Name				Victim/Owner Las	t Name	First Name		MI	County	у		
Street Address			Victim/Owner Pho	one.	Work Phone:		Cell Phone:					
Street Address			Violani/Owner i ne),iio.	WORK I HORIC.		Gen i none.					
City		State	Zip	Incident Address		City	ı	State Zip				
						5.0,						
Clinic Phone Number	Fax Num	Number		COLLECTION A	ND SHIF	PPING INFOR			-			
				Sample Type	Sample Type		Date of	of Collection				
			☐ Brain			/ /						
Submitter POC Name (required to ensure notice of results)			☐ Head ☐ Whole Body			Time of	Colle	ction				
			Other		<u>.</u>	:		Пал	и ПЬМ			
Cubmittee DOC Dhana Number (required information)				Shinn	ed Condition:	1						
Submitter POC Phone Number (required information)			Avoid freezi	Avoid freezing specimens, and any					mmended)			
				room ten	room temperature item must be delivered to PH Lab on collection date				other:			
	1				_	ollection date						
SELF PAY (SUBMITTER WILL E	SE INIVOICEDI	-	er will be bille ROVAL COI	ed if a valid code is not p	provided)							
·	•	AFFI	ROVAL COI	–								
SPECIMEN INFORMATION					-							
BITE NUMBER (EPI) BI/A#	Ar	nimal Sp	ecies		Reason for Testing (mandatory, check all that apply)					apply)		
☐ Cat		S I	,	Human Severity								
County of Animal Origin		• .)				☐ Bite-deep ☐ Bite-superficial ☐ Scratch				
<u> </u>		☐ Fox ☐ Skunk ☐ Racco			•			Bite Exposure(fluids)				
Date of Death		_				Non Exposure						
Date of Death Other:				☐ Unknown☐ Epidemiological Reasons								
Classification	Vaccinated Animal?				<u> </u>							
Classification		_		_	☐ Other:							
Pet Wild	Stray [Yes	□No	Unknown								
ADDITIONAL CONTACT First Name La	S RELATED St Name	TO INCI	DENT MI	County	Hom	e Phone	Other Ph	one	DOF	3(Victims)		
Tilst Name La	St Haille		1411	County	110111	e r none	Other File	OHE	DOL	(Victiris)		