



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		COLLECTION AND SHIPPING INFORMATION					
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 _____		_____ / _____ / _____ Time of Collection _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
<input type="checkbox"/> SELF PAY (SUBMITTER WILL BE INVOICED)				Shipped Condition: Avoid freezing specimens, and any room temperature item must be delivered to PH Lab on collection date				<input type="checkbox"/> Refrigerated <i>(Recommended)</i> <input type="checkbox"/> Other:	
				<i>(Submitter will be billed if a valid code is not provided)</i>				APPROVAL CODE: - - -	

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?	Severity <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