



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

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			
				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:			
<input type="checkbox"/> SELF PAY (SUBMITTER WILL BE INVOICED)			<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