

**OFFICE OF LABORATORY SERVICES**

Andrea M. Labik, Sc.D. / Director

167 11th Avenue

South Charleston, WV 25303

PH: (304) 558-3530

FX: (304) 558-2006 or 6210

PLACE BARCODE HERE**OLS USE ONLY****RABIES LABORATORY SPECIMEN SUBMISSION FORM****SUBMITTER INFORMATION**

FACILITY NAME		MAILING ADDRESS	
COUNTY		CITY	STATE ZIP
ATTENTION TO:		BUSINESS HOURS PHONE NO.	
FAX NO.		AFTER HOURS PHONE NO.	

Species	If a domestic animal, what is current vaccination status? <input type="checkbox"/> Current <input type="checkbox"/> None <input type="checkbox"/> Expired <input type="checkbox"/> Unknown		Date Collected	
Date of animal Death	How did animal die?		Was the animal buried before brain removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Animal Wild or Owned? <input type="checkbox"/> Not Owned/Wild/Stray <input type="checkbox"/> Owned (Name of Owner:			Phone # of Owner	
Address Where Found		City	State	Zip
County Where Found	GIS Coordinates Latitude Longitude			
Name of Person Sample Received From:			Telephone	
Occupation (Check ONE Only): <input type="checkbox"/> Animal Control Officer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Police <input type="checkbox"/> Wildlife Officer <input type="checkbox"/> Private Citizen <input type="checkbox"/> County Health Official <input type="checkbox"/> Other				
Reason for Testing (Check ALL That Apply): <input type="checkbox"/> Human Exposure <input type="checkbox"/> Other Surveillance: <input type="checkbox"/> Pet/Domestic Animal Exposure Specify: <input type="checkbox"/> Found Dead/Roadkill <input type="checkbox"/> Odd Behavior				

COMPLETE FOR ORAL RABIES VACCINATION PROGRAM ONLY

Animal Number	Data Collected By (County)	Brainstem Specimen Collected By (County)
Human Exposure <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the following:)		
Name of Exposed	Address of Exposed	Phone # of Exposed
Exposure Type <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Contact Saliva <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Location of Wound	Post-Exposure Prophylaxis Stated? <input type="checkbox"/> Yes <input type="checkbox"/> No
PET/DOMESTIC ANIMAL EXPOSURE <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the following:)		
Type of Animal Exposed <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Livestock <input type="checkbox"/> Other	Vaccination Status of Exposed Animal <input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> None <input type="checkbox"/> Unknown	

Comments:

OLS USE ONLY☐ UNSAT
Reason/ID:ACC:
DE:
CKD:

FAILURE TO COMPLETE THIS FORM IN ITS ENTIREITY MAY RESULT IN DELAYED TEST RESULTS

rev. 4/2008