



RECEIVED DATE _____ LAB.# _____

DO NOT WRITE ABOVE THIS LINE: FOR LABORATORY USE ONLY

RABIES SUBMISSION FORM HHD-R

PLEASE SUBMIT A SEPARATE FORM FOR EACH SPECIMEN

Note: No Cash or American Express Accepted

Submitter's Name/Clinic: _____

Account number (*if applicable*) _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: (____) _____ ext _____

Owner's Name/Victim: _____ Address: _____

City: _____ County: _____ State _____ Zip: _____ Phone: _____

Animal: Cat Dog Skunk Bat Raccoon Other (Describe) _____

County of Animal's Origin: _____ Date of Death: _____

Testing Priority: Please indicate the testing priority level below (only mark one selection)

1 Known Human Bite 2 Known Human Exposure or Bat Found inside Residence

3 Pet Exposure 4 Other

Miscellaneous: _____

Bite Case# _____ Animal ID # _____ Pet Name: _____

HTL #

LAB RESULTS:

POSITIVE _____ DESTROYED _____

NEGATIVE _____ DECOMPOSED _____

UNSATISFACTORY _____