



**RABIES TEST REQUISITION FORM**

**SUBMITTER:**

Date: \_\_\_/\_\_\_/\_\_\_

For Lab Use Only
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Name of Submitter: \_\_\_\_\_

(Check all that apply)

- Owner  Exposed person  
 Veterinarian  
 Other - \_\_\_\_\_

Clinic/Org. name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County:  Kent  Sussex  New Castle Phone: \_\_\_\_\_

**Test Animal**

Species: \_\_\_\_\_  Owned  Stray  Wild

Animal name or ID tag number: \_\_\_\_\_

Date of death: \_\_\_/\_\_\_/\_\_\_ Tested animal was:  Euthanized  Killed  Found dead

Owner (if different from submitter): \_\_\_\_\_

Incident/location Address: \_\_\_\_\_  
Street City State Zip County

Explain situation: \_\_\_\_\_

Rabies vaccination:  Yes  No  Expired  N/A  Unknown

**Exposure**

No human exposure  Human exposure Date of Exposure \_\_\_\_\_

Type of Exposure:  Bite (where on body): \_\_\_\_\_  Non-bite

Person(s) exposed: \_\_\_\_\_ Age(s): \_\_\_\_\_

Where did exposure occur: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

**Laboratory only**

Head  Brain  Cerebellum  Brain stem  Insufficient \_\_\_\_\_

Condition:  Good  Fair  Traumatized  Dried  No tissue

Results:  Positive  Negative  Test not done

Technician Signature/Date: \_\_\_\_\_  emailed results

**IMPORTANT: Keep animal head refrigerated – DO NOT FREEZE!!**