RABIES TEST REPORT

Bureau of Clinical Laboratories Alabama Department of Public Health

| FOR LABORATORY USE ONLY | | |
|--|--|--|
| Laboratory Number | Date Receiv | red Time Received |
| •I | ☐ No evidence of Rabies by FA Test ☐ Unsatisfactory: | |
| | Other: | |
| Results Telephoned To: S | ubmitter | Epi |
| Called By: | Environmentalist | Other |
| Analyst (1) Analyst (2) | | Date Reported Time Reported |
| SUBMITTER'S INFORMATION | | |
| 1. Species: □Dog □Cat □Bat □Skunk □Fox □Raccoon □Opossum □Other: | | |
| 2. Identifying characteristics: Breed, color, markings, etc | | |
| 3. Date animal died Date specimen submitted Animal vaccinated? □Yes □No □Unknown | | |
| 4. Who was exposed: □Huma: □Anima | | Type of exposure: ☐ Bite ☐ Handling ☐ Scratch ☐ Saliva |
| Name of party exposed: | | Phone: |
| 5. Where incident occurred: C | ity Coun | zip |
| | | oliday requests <u>must include a physician's name.</u> mitter; please ensure that someone will be available to |
| Submitter: ☐ Animal Contr | ol □Individual □Veterinarian | □Physician □Other |
| Name: | City: | Phone: |
| 7. Division Laboratory specim | en submitted to: ☐ Mobile ☐ |]Montgomery |
| 8. Send report to: (Name & Ad | dress of Provider) | |
| Name: | Phone | <u> </u> |
| Address: | | |
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