

RABIES TEST REPORT
Bureau of Clinical Laboratories
Alabama Department of Public Health

FOR LABORATORY USE ONLY

Laboratory Number _____ Date Received _____ Time Received _____

Laboratory Results: No evidence of Rabies by FA Test Positive for Rabies by FA Test
 Unsatisfactory: Other _____
 __ Brain destroyed _____
 __ Brain decomposed _____
 __ Brain in preservative _____
 __ Other: _____

Results Telephoned To: Submitter _____ Epi _____
 Environmentalist _____ Other _____

Analyst (1) _____ Date Reported _____
 Analyst (2) _____ Time Reported _____

SUBMITTER'S INFORMATION

1. Kind of animal: 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: Human Unknown Type of exposure: Bite Handling
 Animal Scratch Saliva

Name of party exposed: _____ Phone: _____

5. Where incident occurred: City _____ County _____ Zip Code _____

6. RESPONSIBLE PARTY FOR LAB TO CONTACT (Weekend / Holiday requests must include a physician's name. (Positive rabies results are phoned to the name you list below as the submitter; please ensure that someone will be available to accept the test results.):

Submitter: Animal Control Individual Veterinarian Physician Other _____

Name: _____ City: _____ Phone: _____

7. Division Laboratory specimen submitted to:

Mobile Montgomery

8. Send report to: (Fill out completely)

Name: _____ Phone: _____

Address: _____

City _____ AL _____
Zip Code