ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

RABIES RISK ASSESSMENT & LABORATORY SUBMISSION FORM

To: ADHS Rabies Team vbzd@azdhs.gov Ph# (602) 364-3676 Fax#: (602) 364-3198 **County:** _____

Submitter

Agency: _____ Contact name: _____

Address: _____ City: _____ St: AZ Zipcode: _____

Ph# _____ Email: _____

☐ Veterinarian ☐ Animal Control Officer ☐ Police Officer ☐ Other: _____

Collecting Agency/Collector name: _____ Collector ph#: _____

Suspected Rabid Animal Animal ID# _____

Type: _____

Other: _____

Species: _____

Onset date : _____

Date collected: _____

Approximate age: _____

Gender: ☐ M ☐ F ☐ Unk

Vaccine status: _____

Mortality status:

Reason for submitting: _____

Quarantine Status: _____

Quarantine not observed because _____

Exposure was: _____ Neurological symptoms? _____ Select neurologic symptoms

☐ Hydrophobia ☐ Unable to swallow ☐ Fever ☐ Lethargy ☐ Loss of appetite ☐ Biting ☐ Restless

☐ Change in behavior ☐ Change in tone of bark/meow ☐ Chewing at bite site ☐ Mean/aggressive

☐ Breaks teeth/injures itself biting objects ☐ Constant growling ☐ Dilated pupils ☐ Seizures ☐ Choking

☐ Disorientation ☐ Paralysis of jaw/throat/chewing muscles ☐ Uncontrollable

☐ Foaming at mouth ☐ Sudden unexplained death ☐ Other: _____

Owner contact information: _____

☐ **Human Exposure**

Exposure date: _____

Number of humans exposed: _____

Type of exposure:

Location of exposure: _____

Contact information:

Name: First M Last Gender: _____

Address: Address City AZ Zipcode

Phone/Email: _____

☐ **Domestic Animal Exposure**

Exposure date: _____

Number of animals exposed: _____

Owner contact information:

Name: First M Last

Address: Address City AZ Zipcode

Phone/Email: _____

Location of Exposure ☐ Unk

GPS Coordinates:

Latitude: _____

Longitude: _____

Closest cross streets: _____

☐ Rural ☐ Suburban ☐ Public ☐ Unk

Name: _____

Address: _____

City: _____ AZ Zipcode: _____

Describe human/domestic animal exposure in detail:

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Email this completed submission form to vbzd@azdhs.gov for approval prior to shipping the specimen.
If you receive approval, send the specimen to:
Arizona State Public Health Laboratory at 250 N. 17th Ave. Phoenix, AZ 85007 Attn: Lab Receiving/Rabies

Recommendations:

County Approval
☐ Send sample ☐ Do not send sample ☐ Priority
☐ Not a priority ☐ Send to another lab
Approved by: _____ Date: _____
Notes: _____

ADHS/State Approval
☐ Send sample ☐ Do not send sample ☐ Priority
☐ Not a priority ☐ Send to another lab
Approved by: _____ Date: _____
Notes: _____

Results:
ASPHL ID# _____ Species: _____
Results: _____ Date: _____
Notes: _____

FOR LABORATORY USE ONLY

Victim: Last: **Last**, First: **First**, MI: **M** Bite# _____
Address: **Address** City: **City** St: **AZ** Zip: **Zipcode**
Patient ID#: _____

Owner: Last: **Last**, First: **First**, MI: **M** Bite# _____
Address: **Address** City: **City** St: **AZ** Zip: **Zipcode**

Specimen:
Submitting Organization ID# _____ Submitting organization: _____

Date bitten: _____ Animal Type: _____ _____
Date collected: _____ Time: _____ Activity type: _____ Collector ph#: _____
Exposure: _____ Date received: _____ Time: _____

Caption	Response	Comments
Number of individuals exposed		
Bite/Exposure		
Where was person bitten or exposed (body part)?		
Animal mortality status	☐ Alive ☐ Died	
Was animal vaccinated?		
Was bite provoked?		
Animal quarantined?		
Animal species		
Location or address of exposure		
Was animal found in public space?		
Closest cross streets		
Describe how and why the patient was bitten		
Other exposure to human (non-bite)?		
If wild animal, any domestic animals exposed?		
Agency that collected the animal (different that submitter)		