



Was a person exposed?  Yes  No Exposure date:  Exposure date is unknown

Name of person(s) exposed:

Address: City: State: Zipcode:

County: Telephone: Email:

Bite  Not a bite

Where was the person bitten or exposed (body part)?  Head  Arm  Leg  Neck  Other:

Type of Exposure:

Bite  Scratch  Saliva  Touch  Splash (CNS fluid or tissue or saliva)  Unknown

Other:

Describe exposure:

Were domestic animals exposed?  Yes  No Exposure date:  Exposure date is unknown

Describe exposure(s):

Owner of exposed animal(s):

Name:

Address: City: State: Zipcode:

Telephone#: Email:

Location or address of exposure:

City: State: Zipcode:

GPS Coordinates:

Closest cross streets:

Rural  Suburban  Public place

**County Recommendation:**

Send sample to Arizona State Public Health Laboratory for rabies testing as  Priority  Not a priority

Send sample to another laboratory testing at submitter's expense

Do not send sample

Notes:

County Staff Authorization: Date:

**ADHS Recommendations/Authorizations:**

Send sample to Arizona State Public Health Laboratory for rabies testing as  Priority  Not a priority

Send sample to another laboratory for testing (at submitter's expense)

Do not send sample

Notes:

ADHS Staff Authorization: Date:

**Arizona State Public Health Laboratory**

ASPHL ID#:

Species:

Laboratory results (*Fluorescent Rabies Antibody Test*):  Positive  Negative  Unsatisfactory (reason):

ASPHL Staff: Date: