



Arizona Department of Health Services
Arizona State Health Laboratory
RABIES SPECIMEN SUBMISSION FORM

Submitting Agency:

Date submitted: \_\_\_\_\_

Agency: [Redacted]

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: [Redacted]

Tracking # \_\_\_\_\_

Collected by: Agency: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Animal Collected

Address or geographical location where animal was found:

[Redacted address box]

Type of animal: [ ] Dog [ ] Cat [ ] Bat [ ] Fox [ ] Coyote [ ] Skunk [ ] Bobcat [ ] Other: \_\_\_\_\_

Species: \_\_\_\_\_

Date of onset of clinical signs or date when animal was found: \_\_\_\_\_

The animal was: [ ] Killed [ ] Euthanized [ ] Found Dead

GPS Coordinates: \_\_\_\_\_ County: \_\_\_\_\_

Human Exposure

Was a person bitten? [ ] Yes [ ] No

Date of bite: \_\_\_\_\_

Circumstances of bite:

[Redacted circumstances box]

If no bite, was person: [ ] scratched [ ] had contact with saliva or CNS fluid or tissue [ ] found bat in a room

Name of person exposed \_\_\_\_\_

Address of person exposed \_\_\_\_\_

City \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Domestic Animal Exposure

What species of animal was exposed? [ ] Dog [ ] Cat [ ] Livestock [ ] Other: \_\_\_\_\_

Circumstances of exposure:

[Redacted circumstances box]

Was the exposed animal vaccinated? [ ] Yes [ ] No [ ] Unknown

FOR LABORATORY USE ONLY

Results: [ ] Positive [ ] Negative [ ] Rejected (reason): \_\_\_\_\_

Variant type: \_\_\_\_\_ [ ] Not sent to CDC

Date reported to ADHS: \_\_\_\_\_ ASHL Reporter name: \_\_\_\_\_