



NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, Griffin Laboratory
5668 State Farm Road, Slingerlands, NY 12159

Submitting County:

Submitter Specimen#:

Specimen Preparer's:

DOH, vet clinic, animal control, and or pest control

Preparer's Name

Street

City

State

Zip

Phone #

Animal being submitted for testing

- 1. Species: Owned Wild/feral/stray
2. Age: Male Female
3. Rabies vaccination status: Vaccinated Unvaccinated Unknown
4. Was the animal sick or acting strangely? Yes No
5. Signs of rabies (describe):

- 6. Date of death (mm/dd/yyyy): If killed, how?
7. Owner or complainant (REQUIRED):

Name

Daytime phone number

Location where the submitted animal was found or the exposure occurred

House number and street

City

State

Zip

Nearest Cross Street

If public place (example: school, children's camp, church), provide name

County

Town (required)

Latitude (North-South)

Longitude (East-West)

If Emergency testing outside of regular business hours is requested for this specimen, contact the New York State Bureau of Communicable Disease Control for approval at: (518) 473-4439.

Human and domestic animal exposure to the submitted animal

- 8. Was any person bitten by the animal? If yes, provide the date of the bite No Yes Date
9. Was any person scratched or had contact with the saliva or nervous tissue of the animal? No Yes Unknown
10. Did any domestic animal have contact with the submitted animal? No Yes Unknown
Species of exposed domestic animal(s):

11. For Bat Exposure ONLY

If the animal is a bat, is there a reasonable probability that any person could have been exposed? No Yes Unknown

12. For Human Post Exposure Prophylaxis

Has rabies post exposure prophylaxis (PEP) been initiated for complainant? If yes, provide the date. Yes

No

Comments (explain exposures below)

THE COUNTY HEALTH DEPARTMENT MUST BE NOTIFIED OF ALL HUMAN AND DOMESTIC ANIMAL EXPOSURES

FOR LABORATORY USE ONLY

- The fluorescent antibody test was negative for evidence of rabies.
The specimen was unsatisfactory for examination due to: decomposition inappropriate tissue mutilation other
EVIDENCE OF RABIES WAS FOUND BY THE FLUORESCENT ANTIBODY TEST.
Other/Notes