RABIES SUBMISSION FORM

Public Health Command Region-South ATTN: Diagnostic Laboratory 2899 Schofield Road Suite 2630 Ft Sam Houston TX 78234-7583 Phone: (210) 295-4387 FAX: (210) 295-4612 phc.amedd.army.mil/topics/labsciences/fad/Pages/default.aspx	FROM: E-MAIL

A. PERSONS EXPOSED TO THIS ANIMAL:

Name	Address	Bite	Scratch	Handle

B. ANIMAL IDENTIFICATION AND OWNER:

Owner's Name: Phone:							Address:		
Cat	Dog	Pet	Stray	Raccoon	Bat	Fox	Skunk	Coyote	Other

C. VETERINARIAN:

Symptoms/Signs of Rabies			Rabies Vaccination Status
Was the animal sick or acting strangely?			Not vaccinated:
Unusual aggression?			Vaccinated:
Date of death:			
Date:	Name:	Signature:	

D. LABORATORY REPORT:

Accession Number:	Date Received:
Fluorescent Rabies Antibody Test Results	Confirmation by MNA Cell Culture Results
☐ POSITIVE ☐ NEGATIVE ☐ Specimen was unsatisfactory for testing	☐ POSITIVE ☐ NEGATIVE Date:
Results reported by: E-mail ☐ Date: Time: By:	

E. LABORATORY DIAGNOSIS:

RESULTS:	Date:
Name and Title: Supv, Diagnostic Section, FADL	Signature:

VET LAB FORM D-102 (13 Apr 2011)