



RABIES SPECIMEN SUBMISSION FORM

OKLAHOMA ANIMAL DISEASE DIAGNOSTIC LABORATORY (OADDL)

1950 W FARM RD., STILLWATER, OK 74078-0001

(405) 744-6623

Lab # _____

Complete one form per specimen. Send via commercial carrier (not US mail) or hand-deliver to address above. Deliveries accepted 24/7; however, some carriers do not guarantee next-day delivery or will not deliver at weekends or holidays, so check availability of services. Specimens received before 9 am Mon-Fri are tested/reported same day. No fee for testing. Transport charges are responsibility of sender.

VETERINARIAN / AGENCY / SENDER

Name _____
Address _____
City _____ County _____
State _____ Zip _____
Phone: (____) _____ - _____
After Hours (____) _____ - _____
Fax (____) _____ - _____
Email _____

OWNER OF EXPOSED ANIMAL Same as Sender

Name _____
Address _____
City _____ County _____
State _____ Zip _____
Phone: (____) _____ - _____
Email _____

ALTERNATE CONTACT

Name _____ Phone: (____) _____ - _____

SUBMITTED ANIMAL INFORMATION

TYPE

- Dog (Breed) _____
- Cat Bat
- Skunk Opossum
- Raccoon Coyote
- Cow Horse
- Other _____

SEX M F Spay/Neut. Unknown

AGE (years/months) _____

VACCINATION HISTORY

	Yes	No	Unk.	Date
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EEE/WEE <i>(horses only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Venezuelan EE <i>(horses only)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Distemper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DESCRIPTION

- Potentially exposed pet/domestic animal
- Potentially rabid animal

WAS THE ANIMAL SICK?

- No Yes *(Indicate duration/symptoms)*

DEATH / EUTHANASIA

Date _____
Time _____ AM/PM
 Natural Killed/Euthan. Unk.

EXPOSURE INFORMATION

Required! Testing will not be performed without this information

TYPE

- Human Pet/Domestic Animal

Bitten by an animal? No Yes

Non-bite exposure? No Yes
(e.g.; saliva, blood, scratch)

Significant potential exposure? No Yes
(e.g.; bat in room with sleeping individual)

LOCATION OF EXPOSURE

- Owner's Home Other

Address _____

City _____

County _____

State _____ Zip _____

EXPOSED INDIVIDUAL INFORMATION

List others exposed on the back of form

Name _____
Address _____
City _____
County _____
State _____ Zip _____
Phone: (____) _____ - _____

DESCRIPTION OF INCIDENT *Use back of form if more space is needed*

SPECIMEN SUBMISSION INFORMATION

Date Shipped ____/____/____ Send Report to Owner Both

DIRECT FLUORESCENT ANTIBODY TEST RESULT

- Rabies Virus Not Detected (Negative)
- Unsatisfactory Specimen:
 - Brain decomposed, cannot rule-out presence of rabies virus
 - Brain stem not available for testing, cannot rule-out presence of rabies virus
 - Other _____

Rabies Virus Detected (Positive)

COMMENTS:

INTERNAL USE ONLY

Date/Time Rec'd ____/____/____ AM/PM Date/Time Reported ____/____/____ AM/PM Tested By _____