



G-9 Rabies Specimen Submission Form (SEP 2015)
 Laboratory Services Section, MC-1947
 P. O. Box 149347, Austin, Texas 78714-9347
 Courier: 1100 W. 49th Street, Austin, Texas 78756
 (888) 963-7111 x7318 or (512) 776-7318
 http://www.dshs.state.tx.us/lab

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Place DSHS Bar Code Label Here

PLEASE COMPLETE A SEPARATE FORM FOR EACH SPECIMEN SUBMITTED

Section 1. SUBMITTER INFORMATION - (REQUIRED)**

Submitter Number	Submitter Name/Facility **	NO COD's ACCEPTED The shipper is responsible for all shipping charge		
Address**		City**	State**	Zip Code**
Phone**	Fax	Contact / Collected By		Date of Collection

State Law requires submitters of specimens for rabies examination to notify us in advance of shipment. Our toll-free number for notification is 1-800-252-8163; this number is monitored by a recorder 24 hours a day, 7 days a week. Please do not send specimens without prior notification. This will allow us to act promptly on missing specimens.

Emergency testing or result reporting will only be done on weekends with prior approval of the Rabies Laboratory. Please call (512) 776-7595 before 4 p.m. on Friday to arrange for weekend testing. The laboratory and Zoonosis Control personnel will evaluate the situation and determine if emergency testing is necessary. After 4 p.m. on Friday, contact the Physician-on-call @ 512-776-7111 to request emergency testing. The submitter must provide an after hours contact telephone number if results are requested outside normal work hours.

Section 2. SPECIMEN/ANIMAL INFORMATION-- (REQUIRED)**

Animal Type** : <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Other: _____	Submitter Specimen Identification # <small>(Must Match Specimen ID on Head)</small>	Description	
	Animal Owner's Name	County of Animal's Origin**	Exposure Date

Section 3. HUMAN & PET EXPOSURE - (REQUIRED)**

Human Exposure**: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bite: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Of Bite: <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Neck <input type="checkbox"/> Arm <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Trunk <input type="checkbox"/> Other: _____	
Other Type Of Human Exposure: <input type="checkbox"/> Handling <input type="checkbox"/> Lick <input type="checkbox"/> Scratch <input type="checkbox"/> Other: _____		Pet Exposure**: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

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Carrier: <input type="checkbox"/> Hand <input type="checkbox"/> Bus <input type="checkbox"/> LSO <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input type="checkbox"/> Other:	
Date Received	Comments
Time Received	

Hotline:	Letter :	Log : B _____ W _____
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