



REQUEST FOR RABIES EXAMINATION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH LABORATORY
10 CLINTON STREET, HARTFORD, CONNECTICUT 06106
(860) 509-8553

Laboratory Work
Order Label
RABIES

Laboratory
Sample ID

PLEASE PRINT CLEARLY

COMPLETE ONE FORM FOR EACH SPECIMEN

Submit only animals involved in rabies exposure of humans or domestic animals (bite, mucus membrane or open wound contamination by saliva). Animals not involved in human or domestic animal exposures are **not** to be submitted to the DPH Laboratory. Persons in appropriate professions, as listed below under "Submitter's Profession" and in "Submitter" section D1 on back of form, should submit specimens. See reverse side for frequently asked questions. In case of after hours emergencies call 860-509-8500.

Note: The person or agency submitting this request will be notified of the results of this examination and is responsible for notifying animal owner, exposed person, and other involved parties of the results of this examination

Name and Address of Submitter (Health care provider, Veterinarian or Authorized Official) D06902/STAM STAMFORD DIRECTOR OF HEALTH ANNE POUNTAIN MPH 388 WASH. BLVD. STAMFORD, CT 06904	Submitter's Phone Number (Results will be phoned to the submitter's number <u>ONLY</u> . Phone number must include area code and be available 24/7) (203) 977-4378 Submitter's Profession: <input type="checkbox"/> ACO, ENCON Officer <input type="checkbox"/> Local HD <input type="checkbox"/> Health Care Provider <input type="checkbox"/> NWCO <input type="checkbox"/> Police Officer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other
--	---

TO BE COMPLETED BY SUBMITTER		REMINDER: ONLY SUBMIT HEADS OF DOMESTIC ANIMALS	
Animal species, breed, description of animal being tested.	Date Collected:	If domestic animal, is <u>vaccination status current</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of owner or if not owned where animal was found. Name: _____ Street Address: _____ Town/State/Zip: _____		Age: _____ Date of last vaccination: _____ Did animal die or was it killed? <input type="checkbox"/> Died <input type="checkbox"/> Killed Who killed animal? <input type="checkbox"/> ACO, ENCON Officer <input type="checkbox"/> NWCO <input type="checkbox"/> Police Officer <input type="checkbox"/> Resident <input type="checkbox"/> Veterinarian <input type="checkbox"/> Other _____	

EXPOSURE INFORMATION	
HUMAN EXPOSURE Was there a human exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Name: _____ Street Address: _____ Town/State/Zip: _____ Type of exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Saliva contact of mucus membrane or open wound <input type="checkbox"/> Bat (see back of form A2 & B3) Describe incident of human exposure:	DOMESTIC ANIMAL EXPOSURE Was there a domestic animal exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of domestic animal owner and address: Name: _____ Street Address: _____ Town/State/Zip: _____ Type of domestic animal exposure: <input type="checkbox"/> Direct contact or bite <input type="checkbox"/> Exposure by proximity (high probability of contact.) Describe incident of domestic animal exposure:

TO BE COMPLETED BY LABORATORY STAFF							
Necropsy Date:		Initials:	Condition on arrival			Explain:	
			<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory				
PHONED TO:	NAME	DATE & TIME	BY	PHONED TO:	NAME	DATE & TIME	BY