



State of Washington
 Department of Health
PUBLIC HEALTH LABORATORIES
 1610 N.E. 150th Street
 Shoreline, Washington 98155-9701
 Phone: (206) 418-5458
 Fax: (206) 418-5545
 MTS #1327 CLIA #50D0661453
<http://www.doh.wa.gov/PHLForms>

FOR PHL USE ONLY

Date/Time Received

Lab Number

Please Print Clearly

RABIES

SUBMITTER

MAIL RESULTS TO:	AREA CODE & PHONE # () -	COUNTY
	FAX # () -	INVESTIGATOR

SPECIMEN INFORMATION

ANIMAL: _____ DOG BREED: _____ BAT SPECIES: _____

TYPE OF EXPOSURE: BITE SALIVA BAT IN SLEEPING AREA SCRATCH BARE SKIN CONTACT
 (check all that apply)

ANIMAL ONLY NONE (SURVEILLANCE ONLY) OTHER (SPECIFY) _____

EVENT ID #: _____

VACCINE STATUS VACCINATED DATE _____ UNVACCINATED OR VACCINE NOT CURRENT UNKNOWN

ANIMAL HEALTH HEALTHY INJURED DEAD ILL SYMPTOMS _____

WHO EXPOSED PERSON ANIMAL UNKNOWN N/A

PROVOKED YES NO UNKNOWN

SUBMITTER / OWNER'S NAME _____ ADDRESS _____ COUNTY _____ PHONE # _____

PERSON(S) EXPOSED	ADDRESS	PHONE #	SITE EXPOSED	DATE
1)				
2)				
3)				

HISTORY OF EXPOSURE

Submitter Comments:

For PHL Use Only:

N	R
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ATTENTION: (See Instructions on Reverse Side of Form)

GENERAL INSTRUCTIONS:

- ALL SUBMISSIONS MUST BE PRE-APPROVED BY LOCAL HEALTH JURISDICTIONS
- PLEASE PRINT LEGIBLY.
- Please fill out the requisition form **COMPLETELY**. Delays in processing the specimen or reporting results may occur if information is incomplete.
- Send specimens to the PHL as soon as possible to help ensure valid test results.
- All specimens being shipped must meet DOT(Department of Transportation) and US Postal Service regulations. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Copies of the regulations can be obtained by contacting the Postal Service at [Http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm](http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/e6-18062.htm)
- Specimens mailed with insufficient postage will not be delivered by the Postal Service.
- This form replaces:
Laboratory Report and Amino Acid History Form Number
DOH 303-013
- Do NOT use this form to submit specimens to any laboratory other than the Virology Laboratory. Separate forms are available from the PHL Directory of Services Web Site at <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/Forms>. Using the incorrect form may delay processing of the specimen.
- To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579 .
- Instructions to clarify Type of Exposure
— Select all that apply based on the following descriptions:
 - Check bite if victim(s) bitten by the animal
 - Check saliva if victim(s) had saliva exposure from non-bite/scratch
 - Check bat in sleeping area if victim(s) potentially exposed while sleeping
 - Check scratch if victim(s) scratched from claws
 - Check bare skin contact if victim(s) had direct bare skin contact with bat or a bite is unknown
 - Check animal only if animal exposure has occurred but no human exposure
 - Check none (surveillance only) if animal being tested for surveillance purposes only and no human or animal was exposed
 - Check other (specify) if an unusual exposure has occurred that does not fit in any of the above categories (please write specifics on line provided)