



STATE HEALTH LABORATORIES
50 ORMS ST. PROVIDENCE RI 02904-9971
401-222-5600, FAX 401-222-6985, TTY: 711, WWW.HEALTH.RI.GOV

RABIES TESTING SUBMISSION FORM

Instructions for Submitter: Use this form to submit animal specimens for rabies testing. **Complete sections I, II and III below.** Submit animal head in double heavy-duty plastic bags. Deliver to the State Health Laboratories 8:30 AM-4:30 PM, Monday through Friday (excluding holidays). Infectious Disease and Epidemiology staff will provide results by telephone (usually within three business days). Contact the Water Microbiology and Rabies Lab (222-5588) for submission questions. Contact Infectious Disease and Epidemiology (222-2577) for human exposure case management questions. Contact the State Veterinarian (222-2781) for animal exposure case management questions.

I: Submitter Information

Name:
Organization (If Applicable):
Street, City, State and Zip:
Telephone number:

II: Specimen Information

Animal species (type):	<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Other
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III: Exposure Information (Note: Use reverse if more space is needed)

Name of Person(s) and/or Pet(s) Potentially Exposed	Telephone number(s)	Street and City/Town Where Exposure Occurred	Date(s) of Exposure

Please provide exposure details:

IV: Lab Information and Test Results

For Lab Use Only

Element #: (Place Label Here)	Central Services Date Received: _____ Tech: _____
	Rabies Laboratory Date Received: _____ Tech: _____

Results for Rabies:
 Negative
 POSITIVE by Direct Fluorescent Antibody Method
 Other (list)

Completed by: _____ Date: _____	Results confirmed by: _____ Date: _____	<u>Element ID</u> <u>Check</u> <u>Batch #</u>
Faxed by: _____ Date: _____	Entered into NEDSS by: _____ Date: _____	
Element Entry by: _____ Date: _____	Element Review by: _____ Date: _____	

Delivered By: Print Name _____ Signature _____ Date _____