



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Infectious Disease & Environmental Health Administration**

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**MEMORANDUM**

**DATE:** December 10, 2010 **HO Memo #10-45**

**TO:** Health Officers  
Communicable Disease Directors  
Communicable Disease Staff  
Environmental Health Directors  
Environmental Health Staff  
Nursing Directors  
Rabies Coordinators

**FROM:** Kimberly C. Mitchell, MPH  
Chief, Rabies and Vector-borne Diseases  
Center for Zoonotic and Vector-borne Diseases  
Office of Infectious Disease Epidemiology and Outbreak Response

**THROUGH:** Katherine Feldman, DVM, MPH  
State Public Health Veterinarian  
Chief, Center for Zoonotic and Vector-borne Diseases  
Office of Infectious Disease Epidemiology and Outbreak Response

**RE:** **Updated Maryland Animal Rabies Submission Policy, Rabies Testing Form, and Reporting Requirements**

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As was communicated in a memo from Dr. Maria Carlos on November 29, 2010 (attached), the DHMH Laboratories Administration, in collaboration with the Center for Zoonotic and Vector-borne Diseases (CZVBD) and local health departments, have developed a new animal rabies testing form and animal submission policy.

**Key Changes to the Animal Rabies Submission Policy**

1. Animals that have not exposed a human will **not** be tested on Saturdays. For after-hours submissions that require results as soon as possible so that a medical determination about rabies post-exposure prophylaxis can be made, laboratory testing is available through the on-call system.
2. Electronic Test Request/ Electronic Reporting

- a. Rabies tests must be ordered electronically by using DHMH MyLIMS (Laboratory Information Management Systems), <http://starlims.dhmh.md.gov/starlims10.dhmlabs.prod/>.
  - b. This system allows local submitters to view test results online and print copies of the rabies test reports.
3. Small rodents, including squirrels, chipmunks, gerbils, guinea pigs, hamsters, rabbits, mice, rats, voles, shrews and moles, will **not** be accepted for testing unless (1) the animal has bitten a human and (2) prior approval for testing has been authorized by staff in the Office of Infectious Disease Epidemiology and Outbreak Response (OIDEOR).

With the exception of MyLIMS, which was formally launched on November 1, all other animal rabies submission policy changes take effect on January 1, 2011. In preparation for these changes, the DHMH Laboratories Administration Rabies Laboratory staff, in collaboration with CZVBD staff, conducted on-site training sessions throughout the state in October and November.

### Updates to Reporting Procedures

Because the new animal rabies testing form implemented in MyLIMS (attached) captures more data (e.g., about exposure circumstances) than was done previously, CZVBD has modified the reporting requirements for local health departments. Provided your jurisdiction is using MyLIMS for animal rabies submissions, and provided the animal rabies testing form is fully completed for each submission, please note:

1. The Monthly Animal Rabies Report is no longer required.
2. The Maryland Rabid Animal Surveillance Report is no longer required.
3. In lieu of the Rabid Animal Surveillance Report, local staff are asked to forward to CZVBD a copy of any internal document routinely used to report animal exposure incidents.
4. Please notify CZVBD of any animals submitted for rabies testing to laboratories other than DHMH (e.g., to the MDA Animal Health Laboratories) or when animals submitted to DHMH are not from Maryland.
5. The Maryland Report of Human Postexposure Rabies Prophylaxis (attached) has been modified and the new version (dated 12/2010) should be used effective immediately.
6. The Monthly Animal Bite Report Form should be submitted monthly (as always).

CZVBD will reconcile LHD and DHMH rabies surveillance data bi-annually in collaboration with each local jurisdiction.

The updated rabies submission policies are posted on the DHMH Laboratories Administration's Rabies Information website at <http://dhmh.maryland.gov/labs>. The site also features an online training resource that includes handouts, FAQs, and screen-shot and online video tutorials. More information about rabies in Maryland can be found at [http://www.edcp.org/vet\\_med/rabies.cfm](http://www.edcp.org/vet_med/rabies.cfm).

We would like to thank you for your input, cooperation, and support during this transition period. If you have questions, or would like more information or to provide feedback, please contact the Center for Zoonotic and Vector-borne Diseases at (410) 767-5649 or [czvbd@dhmh.state.md.us](mailto:czvbd@dhmh.state.md.us).

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2

Web Site: <http://eh.dhmh.md.gov/ideha/>

Attachments:

1. Memo from Laboratories Administration: Updated Animal Rabies Submission Guidelines, including the new animal Rabies Examination Submission Form (updated 11/15/10)
2. Maryland Report of Human Post-Exposure Rabies Prophylaxis (updated 12/8/10)

cc: K. Black                      G. Hohenhaus                      N. Ratliff  
D. Blythe                      T. Jacobs                      R. Scurry  
M. Carlos                      C. Mitchell                      K. Sullivan  
J. Chapman                      R. Myers                      A. Wakhweya  
C. Driscoll                      D. Paulson                      L. Wilson  
H. Hauck                      F. Phillips

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**MARYLAND REPORT OF HUMAN POST-EXPOSURE RABIES PROPHYLAXIS**

Completed By Local Health Jurisdiction or Attending Health Care Provider

<b>JURISDICTION:</b> _____		<b>COMPLETED BY:</b> _____		<b>DATE:</b> _____	
<b>PATIENT IDENTIFICATION</b>					
<b>Patient name</b> _____		<b>Phone</b> ( _____ ) _____		_____	
(Last)		(First)		(M.I.)	
<b>Address</b> _____					
Number and Street (Not P.O. Box Number)		City		County	Zip Code
<b>Date of birth</b> _____		<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<b>Is patient Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Select one or more. If multiracial, select all that apply		<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Race</b> <input type="checkbox"/> White					
<b>EXPOSURE INFORMATION</b>					
<b>Address of exposure</b> _____					
Number and Street (Not P.O. Box Number)		City		County	Zip Code
<b>Date of exposure: (MM/DD/YY)</b> _____		<b>Time</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark <input type="checkbox"/> Unknown	_____		
<b>Ownership of rabid/suspect animal</b>		<input type="checkbox"/> Owned	<input type="checkbox"/> Not Owned-Feral Cat Colony	<input type="checkbox"/> Not Owned-Other _____	<input type="checkbox"/> Unknown
<b>Species (rabid/suspect animal)</b>		<input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Cow <input type="checkbox"/> Dog <input type="checkbox"/> Ferret <input type="checkbox"/> Fox <input type="checkbox"/> Goat <input type="checkbox"/> Groundhog/Woodchuck	<input type="checkbox"/> Horse/Pony <input type="checkbox"/> Monkey (Specify Species) _____	<input type="checkbox"/> Rabbit <input type="checkbox"/> Raccoon	<input type="checkbox"/> Skunk <input type="checkbox"/> Sheep <input type="checkbox"/> Squirrel <input type="checkbox"/> Other : _____ <input type="checkbox"/> Unknown
<b>DISPOSITION OF ANIMAL</b>					
<b>Was animal tested?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Unknown	<b>Lab accession #</b> _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown	_____
<b>Rabies test result</b>		_____			
<b>10 day quarantine?</b>		Date started (MM/DD/YY) _____	Date completed (MM/DD/YY) _____		
<b>If quarantine was not completed, explain why</b> _____					
<b>Was the animal vaccinated?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Date of expiration</b> _____		
<b>ANATOMICAL SITE OF EXPOSURE TO RABID/SUSPECT ANIMAL (Check all that apply)</b>					
<input type="checkbox"/> Head / Neck	<input type="checkbox"/> Arm / Hand	<input type="checkbox"/> Leg / Foot	<input type="checkbox"/> Torso (Trunk)	<input type="checkbox"/> Unknown	
<b>TYPE OF EXPOSURE TO RABID/SUSPECT ANIMAL (Check all that apply)</b>					
<input type="checkbox"/> Single bite	<input type="checkbox"/> Saliva in eye, nose, or mouth	<input type="checkbox"/> Saliva contaminating open wound			
<input type="checkbox"/> Multiple bites	<input type="checkbox"/> Skinning / Dressing animal	<input type="checkbox"/> Touching / Petting / Treating animal			
<input type="checkbox"/> Scratch	<input type="checkbox"/> Bat in room	<input type="checkbox"/> Other: _____			
<b>CIRCUMSTANCES OF EXPOSURE (Check all that apply)</b>					
<input type="checkbox"/> Patient approached animal	<input type="checkbox"/> Animal approached patient	<input type="checkbox"/> Petting / Touching / Playing / Picking up			
<input type="checkbox"/> Feeding / Taking food away from animal	<input type="checkbox"/> Skinning / Dressing animal carcass	<input type="checkbox"/> Eating the rabid / suspect animal			
<input type="checkbox"/> Treating / Nursing / Examining animal	<input type="checkbox"/> Breaking up fight between animals	<input type="checkbox"/> Unprovoked attack by animal			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Explain) _____				
<b>PRE AND POST-EXPOSURE RABIES PROPHYLAXIS</b>					
<b>Was patient pre-immunized against rabies?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Date series completed</b> _____		
<b>Type of post-exposure prophylaxis given</b>		<input type="checkbox"/> Complete – HRIG & 4 vaccine doses	<input type="checkbox"/> Incomplete: # of doses given _____		
<input type="checkbox"/> Booster – 2 vaccine doses	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not given	<input type="checkbox"/> Other: _____		
<b>Reason for not completing PEP</b>		<input type="checkbox"/> Patient refused	<input type="checkbox"/> Animal negative	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown
<b>Date series started (MM/DD/YY)</b> _____		<b>Date series completed/stopped (MM/DD/YY)</b> _____			
<b>COMMENTS</b>					



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Laboratories Administration  
John M. DeBoy, Dr.P.H., Director

## MEMORANDUM

**DATE:** November 29, 2010

**TO:** Local Health Department Health Officers, Rabies Coordinators, Nursing Directors, Environmental Health Directors, Communicable Disease Directors, and Communicable Disease Staff

**FROM:** Maria Paz Carlos, Ph.D., Chief, Division of Virology and Immunology, Laboratories Administration *mpc*

**THROUGH:** Robert A. Myers, Ph.D., Deputy Director Scientific Programs, Laboratories Administration *R.A.M.*  
John M. DeBoy, Dr.P.H., Director, Laboratories Administration *JMD*

**SUBJECT:** Updated Animal Rabies Testing Submission Guidelines

The DHMH Laboratories Administration recognized the need to improve the process and communications in rabies testing with the local health departments, as well as understand the importance of producing quality rabies testing. **This memo provides an update on the animal rabies submission procedural changes listed below effective January 1, 2011.**

1. The Rabies Laboratory operates from 8:00AM to 4:30PM weekdays (Mondays through Friday except on holidays and salary reduction days). **On-call scientists are available during holidays, weekends and salary reduction days for after-hours submissions that require results as soon as possible so that a medical determination on rabies post-exposure prophylaxis (PEP) can be made.** (See enclosed and our website at <http://dhmh.state.md.us/labs/html/rabies.html>). Note that we are improving the communications and coordination to see to it that human exposure cases are tested immediately, thus those that need medical attention will get it sooner.
2. Updated Specimen Submission Form and Electronic Lab Test Request/Reporting.
  - a. Submission of specimens for animal rabies testing using the DHMH Laboratories Administration's MyLIMS (Laboratory Information Management Systems) <http://starlims.dhmh.md.gov/starlims10.dhmlabs.prod/>). The local health departments must use MyLIMS for submission of specimens for rabies testing. This would allow the LHDs to

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view test results on-line, as well as print a copy of the official test report. These new procedures include the updated animal rabies testing submission form (DHMH 1188 11/10) (See enclosed and our website at <http://dhmh.state.md.us/labs/html/rabies.html>).

b. These procedural improvements were the result of the collaborative efforts of the DHMH Center for Zoonotic and Vector-borne Diseases, the local health departments, and DHMH Laboratories Administration. The improvements in the rabies submission policies have been vetted across the State of Maryland the past six months. Extensive outreach by the DHMH Laboratories Administration Rabies Staff in collaboration with the Center for Zoonotic and Vector-borne Diseases staff has been provided to the local health departments. These on-site trainings were held at 16 local health departments with about 140 local health department staff in attendance. In addition, these procedural changes were presented at the local health officer's meeting held on November 10, 2010 for the Deputy Secretary and the Local Health Officers to view the improvements and provide feedback. We sincerely appreciate the active participation and cooperation of the local health department staff.

3. On-Line Tools and Resource. To assist the LHDs with training, on-line tools and resource including the rabies submission policies, handouts, FAQs, submission forms, as well as both screen-shot and on-line video tutorials, were posted on our website at <http://dhmh.state.md.us/labs/html/rabies.html>.

For questions, please contact the Rabies-Zoonotic Program Laboratory at (410) 767-6177. Also, please routinely visit the DHMH Laboratories Administration website at <http://dhmh.state.md.us/labs/html/rabies.html> for rabies testing submission guidelines and updates.

Lastly, we believe that by improving the communications with the LHDs, as well as providing access to electronic test submissions will make the process better, moving forward; and this is what we have done. Thank you for your continued support and contributions to animal rabies testing activities in Maryland.

Enc: Animal Rabies Submission Policy, Animal Rabies Submission Form

cc: Deputy Secretary Frances B. Phillips  
Heather Hauck  
Dr. Katherine Feldman  
Dr. David Blythe  
Dr. Lucy Wilson  
Kimberly Mitchell  
Dr. Guy Hohenhaus, MDA  
Dr. Jo Chapman, MDA  
Dr. Tom Jacobs, MDA  
Dr. Cindy Driscoll, DNR  
Nicky Ratliff, PAWS

## Rabies Laboratory Submission Policy

### Hours of Operation

The DHMH Laboratories Administration Rabies Laboratory operates from 8:00 AM to 4:30 PM weekdays (Monday through Friday except on holidays and salary reduction days [SRD]). **On-call laboratory scientists are available for requests** that require test results as soon as possible so that a medical determination on rabies post-exposure prophylaxis (PEP) can be made.

Specimens must be received at the DHMH Laboratories Administration by 12:00 PM on Fridays to have the test results reported by Friday 4:30 PM. Specimens received on Fridays after 12:00 PM will have the results ready the next regular workday.

Specimens received on evenings from Monday through Friday, Fridays from 12:00 PM to 4:30 PM, on a weekend, SRD, or on a State holiday will be processed on the next regular workday, except for situations that require test results as soon as possible so that a medical determination about rabies PEP can be made (emergency examination). In these situations, prior approval by epidemiology staff in the DHMH Office of Infectious Disease Epidemiology and Outbreak Response (IDEOR) is necessary before testing will be initiated by on-call laboratory scientists. (For details, please see the Emergency Examination Requests section below).

### Delivery Procedures

Delivery of specimens must be from Monday through Friday 7:30AM to 6:00PM (regular workdays) to the DHMH Laboratory Tower in the Receiving Area on the Service Level of the O'Connor Building at 201 W. Preston Street. All animal submission of specimen must be routed through the local health department and sent via courier service. Do not use the U.S. Postal Service or other public transportation service to send specimens. (For emergency examination situations, please see the Emergency Examination Requests section below)

### Ordering Tests

For routine testing Monday through Friday, all local health departments must use the DHMH Laboratories Administration's MyLIMS (Laboratory Information Management Systems) <http://starlims.dhmh.md.gov/starlims10.dhmlabs.prod/> for submission of specimens. The updated rabies submission form (DHMH 1188 11/10) will print out automatically when the animal rabies test is ordered through the MyLIMS system, and must be included in the cooler and attached to the specimen being submitted. One Rabies Submission Form should accompany each animal submitted. Specimens approved for emergency testing must be accompanied by a fully completed handwritten Rabies Submission Form if access to MyLIMS is not possible. An emergency contact name and phone number must be listed on the Rabies Submission Form. The updated rabies submission form (DHMH 1188 11/10) can be downloaded from our website at <http://dhmh.state.md.us/labs/html/rabies.html>.

### Criteria for Animal Submission

Terrestrial animals acceptable for submission to DHMH are rabies vector species (e.g., raccoons, foxes, skunks, etc.) that expose humans, livestock, or pets. Exposure is defined as a bite that breaks the skin or contact of mucous membranes or broken skin with either animal saliva or nervous tissue. Birds, fish, reptiles and amphibians will not be accepted for rabies testing under any circumstances. Small rodents, including squirrels, chipmunks, gerbils, guinea pigs, hamsters, rabbits, mice, rats, voles, shrews and moles, will not be accepted for testing unless (1) the animal has bitten a human and (2) prior approval for testing has been authorized by the DHMH IDEOR epidemiology staff. Most recent human cases of rabies in the U.S. have been associated with bats, and bat bites may be difficult to recognize.

Bats should be submitted for testing in all cases of direct human contact with a bat or when bite or mucous membrane contact cannot be ruled out.

### Emergency Examination Requests

Some situations that occur after regular business hours may require rabies test results as soon as possible so that a medical determination about rabies PEP can be made. In these situations, on-call laboratory scientists are available; and specimens may be examined Fridays from 12:00 PM to 4:30 PM, on a weekend, SRD, or on a State holiday, **with prior approval** of DHMH IDEOR epidemiology staff. To reach the epidemiology staff during regular business hours, contact the DHMH IDEOR Center for Zoonotic and Vector-borne Diseases (CZVD) at 410-767-5649 (main); 410-767-6703 (DHMH State Public Health Veterinarian); or 410-767-6618 (CZVD Rabies Chief). After hours, use the DHMH IDEOR Epidemiologist-On-Call pager at 410-716-8194.

After receiving approval for an emergency examination request, contact one of the following DHMH Laboratories Administration staff (in the order listed below) to arrange for testing and appropriate submission. (NOTE: In addition to the rabies submission form, the specimen should be accompanied by the submitter's after-hours contact information to receive results).

- 1) Algernon Prioleau: 443-468-0264
- 2) Rabies Lab On-Call No: 443-735-1291
- 3) Dr. Maria Paz Carlos: 410-241-3303
- 4) Dr. Robert Myers: 443-928-0925
- 5) OLEPR (Jim Svrjcek or Gwendolyn Paszkiewicz): 410-925-3121

### Specimen Collection

Animals should be euthanized in a manner that will not destroy the brain tissues to be examined in the diagnosis of rabies. When possible, only the animal's head should be submitted for diagnostic purposes. For animals weighing more than 20 pounds, particularly large dogs, only the head may be submitted for testing. If an animal is being submitted to DHMH Labs from an animal pathology or diagnostic laboratory, and the animal has already been prepared for necropsy, the submitter should submit all or a cross section of the brainstem and half of the cerebrum

### Packaging and Shipping

- All rabies specimens must be placed into coolers that are clearly marked as rabies coolers. No other non-rabies clinical samples may be placed into rabies coolers or these samples will be rejected.
- Rabies coolers must fully close and must be waterproof.
- Each specimen must be individually packaged in a leak-proof bag and clearly labeled.
- Each specimen must be accompanied by a Rabies Submission Form for proper identification.
- All Rabies Submission Forms must be filled out correctly and legibly including exposure type.
- Coolers may be shipped with ice or ice packs but the ice should not occupy more than 1/3 of the cooler.
- Submitters should provide advanced notice and clear labeling for live bat submissions. All other animals being submitted for testing must be dead.
- Submitters should avoid freezing specimens. If frozen specimens are received, testing will be delayed.
- No trash should be sent in rabies coolers.
- Specimens containing ectoparasites (including ticks, fleas and maggots) must be sprayed with insecticide before being packaged and submitted. This is to ensure that couriers and lab staff are protected from infestations. The Rabies Lab will provide insecticide if requested.
- Animal rabies packaging and training video available at <http://dhmh.state.md.us/labs/html/rabies.html>



**Maryland Department of Health and Mental Hygiene  
Laboratories Administration**

201 W. Preston Street, Baltimore, Maryland 21201  
Main Phone No: 410-767-6100 http://www.dhmh.state.md.us/labs  
Division of Virology and Immunology Rabies Laboratory Phone No: 410-767-6177 Fax No: 410-333-7790

**Animal Rabies Examination Submission Form**

NOTE: Normal business hours are 8:00AM- 4:30PM Monday thru Friday. Specimens received without prior approval after 12:00PM on Fridays will be processed the next business day. Weekends and holidays require prior approval from State Epidemiology/ Center for Zoonotic and Vector-borne Diseases Staff/Laboratory Administrations for emergency testing only.

<b>1. SUBMITTER INFORMATION</b>		<b>2. OWNER OF SUBMITTED ANIMAL INFORMATION (or person who found animal)</b>	
Name:		Name: First Last	
Address		Address	
City	State	Zip Code	City State Zip Code
Phone Number ( )	Submitter Animal ID No.		Phone Number ( ) Jurisdiction
Address where Exposure Incident Occured:		City	State Zip Code Jurisdiction
<b>3. SPECIMEN INFORMATION</b>		<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wildlife <input type="checkbox"/> Livestock	
Species: <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Fox <input type="checkbox"/> Opossum <input type="checkbox"/> Beaver <input type="checkbox"/> Cow <input type="checkbox"/> Horse <input type="checkbox"/> Ground Hog <input type="checkbox"/> Deer <input type="checkbox"/> Bear <input type="checkbox"/> Sheep <input type="checkbox"/> Goat		Death Date: Month Day Year	
*Any other animal requires prior approval from the State Epidemiologist Center for Zoonotic and Vector-borne Diseases Staff Laboratories Administrations*		Cause of Death: <input type="checkbox"/> Diseased <input type="checkbox"/> Euthanized <input type="checkbox"/> Accidental <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
If submitting an animal requiring prior approval and/or emergency testing: Species: _____ Arrangements made with: _____ Date: ____/____/____ <small>Month Day Year</small>		<b>Reason for Rabies Testing:</b> <input type="checkbox"/> Human Exposure <input type="checkbox"/> Pet Exposure	
Clinical Signs: <input type="checkbox"/> Disoriented <input type="checkbox"/> Seizures <input type="checkbox"/> Aggression <input type="checkbox"/> Lethargy <input type="checkbox"/> Unexplained wound <input type="checkbox"/> Ataxia <input type="checkbox"/> Paralysis <input type="checkbox"/> Other _____		Rabies Vaccination History: <input type="checkbox"/> Current - Vaccinated <input type="checkbox"/> Lapsed Rabies Vaccination <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown	
<b>4. EXPOSURE INFORMATION</b>			
Type of Exposure: <input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Both		Exposure Date: ____/____/____ <small>Month Day Year</small>	
Name of Person Exposed: First Last		Name/Species of Animal Exposed (if applicable):	
Address:		Phone Number ( )	Jurisdiction of Exposure:
City	State	Zip Code	Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Other <input type="checkbox"/> Scratch <input type="checkbox"/> Lick
Exposed body area:		Circumstance of Animal Exposure: <input type="checkbox"/> Fight <input type="checkbox"/> Dead animal contact <input type="checkbox"/> Other _____	
Circumstance of Human Exposure: <input type="checkbox"/> Other _____ <input type="checkbox"/> Capture <input type="checkbox"/> Unprovoked attack <input type="checkbox"/> Provoked attack			
<b>FLUORESCENT RABIES ANTIBODY TEST RESULTS: (For Laboratory Use Only)</b>			
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory Specimen <input type="checkbox"/> Comments: _____			
Results Phoned To:		Date: ____/____/____	Time: _____ Virologist: _____

Laboratory Use Only

Date Received: \_\_\_\_\_ Rabies Accession No: \_\_\_\_\_