

**Maryland Department of Health**  
**Laboratories Administration**  
 1770 Ashland Avenue, Baltimore, Maryland 21205  
 Main Phone No: 443-681-3773 <https://health.maryland.gov/laboratories>  
 Division of Virology and Immunology Rabies Laboratory Phone No: 443-681-3773 Fax No: 443-681-4516

## Animal Rabies Examination Submission Form

NOTE: Normal business hours are 8:00AM– 4:30PM Monday thru Friday. Specimens received 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: <b>First</b> <span style="float: right;"><b>Last</b></span>	
Address		Address	
City	State	Zip Code	City <span style="float: right;">State <span style="float: right;">Zip Code</span></span>
Phone Number ( )	<b>Submitter Animal ID No.</b>		Phone Number ( ) <span style="float: right;">Jurisdiction</span>
Address where Exposure Incident Occurred:		City	State <span style="float: right;">Zip Code <span style="float: right;">Jurisdiction</span></span>
<b>3. SPECIMEN INFORMATION</b>		<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wildlife <input type="checkbox"/> Livestock	
<b>Species:</b> <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  *Any other animal requires prior approval from the State Epidemiologist/Center for Zoonotic and Vector-borne Diseases Staff/Laboratories Administrations*		Death Date: _____ <small>Month Day Year</small> <b>Cause of Death:</b> <input type="checkbox"/> Diseased <input type="checkbox"/> Euthanized <input type="checkbox"/> Accidental <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
<b>If submitting an animal requiring prior approval and or emergency testing:</b> Species: _____ Arrangements made with: _____ Date: ____/____/____ <small>Month Day Year</small>		<b>Reason for Rabies Testing:</b> <input type="checkbox"/> <b>Human Exposure</b> <input type="checkbox"/> <b>Pet Exposure</b>	
<b>Clinical Signs:</b> <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 _____		<b>Rabies Vaccination History:</b> <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		<b>Exposure Date:</b> ____/____/____ <small>Month Day Year</small>	
<b>Name of Person Exposed: First</b> <span style="float: right;"><b>Last</b></span>		<b>Name/Species of Animal Exposed (if applicable):</b>	
<b>Address:</b>		Phone Number ( )	<b>Jurisdiction of Exposure:</b>
City	State	Zip Code	<b>Type of Exposure:</b> <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    Comments: _____			
Results Phoned To: _____ Date: ____/____/____ Time: _____ Virologist: _____			

Laboratory Use Only

Date Received: \_\_\_\_\_

Rabies Accession No: \_\_\_\_\_