

PLEASE INCLUDE:

NAME _____
ADDRESS _____
CITY, ST _____
PHONE # _____

RABIES SUBMISSION FORM
G-9 (Rev. Dec 2004)
Texas Department of State Health Services
Laboratory Services Section
1100 West 49TH Street
Austin, Texas 78756-3194

PLEASE COMPLETE A SEPARATE FORM FOR EACH SPECIMEN SUBMITTED

DATE OF COLLECTION _____

NO COD'S ACCEPTED

State Law requires submitters of specimens for rabies examination to notify us in advance of shipment. Our toll-free number for notification is **1-800-252-8163**; this number is monitored by a recorder 24 hours a day, 7 days a week. Please do not send specimens without prior notification. This will allow us to act promptly on missing specimens.

Rodents, hares, and rabbits will be tested only if a human has been bitten without provocation and we receive documentation that the animal had an opportunity to be exposed to rabid animals. Cage raised pets, including hamsters, gerbils, and guinea pigs will not be accepted for testing. If you have a question about having an animal tested, or have special reporting requests, please contact the laboratory for approval at (512) 458-7595.

ANIMAL: CAT DOG SKUNK FOX BAT OTHER _____

SPECIMEN IDENTIFICATION # _____ DESCRIPTION _____
(Must match specimen ID# on head)

ANIMAL OWNER'S NAME _____

COUNTY OF ANIMAL'S ORIGIN _____ EXPOSURE DATE _____

HUMAN EXPOSURE:

BITE: YES NO LOCATION OF BITE: HAND FOOT NECK ARM HEAD
 LEG TRUNK OTHER _____

OTHER TYPE OF HUMAN EXPOSURE: HANDLING LICK SCRATCH OTHER _____

PET EXPOSURE: YES NO

COMMENTS:

Emergency testing or result reporting will be done on weekends with prior notification of the Rabies Laboratory. Please call (512) 458-7595. You may leave a voice message at this number after normal business hours. The voice message will be checked Saturday morning. We must have a number where you can be reached outside normal business hours for notification.

FOR LAB USE ONLY:	
CARRIER: <input type="checkbox"/> HAND <input type="checkbox"/> BUS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> EXPRESS MAIL <input type="checkbox"/> OTHER	HOTLINE _____
DATE RECEIVED: _____	LETTER _____
TIME RECEIVED: _____	LOG: B _____ W _____ P _____
COMMENTS:	