

REQUEST FOR LABORATORY DETERMINATION FOR RABIES

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.
 PRINCIPAL PURPOSE(S): To provide for documentation of the results of laboratory examinations of a deceased animal for rabies.
 ROUTINE USE(S): The results of the examinations are used to determine the proper medical management of patients potentially exposed to rabies because of a bite/scratch inflicted by the animal described and belonging to the owner named. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigations and litigation; and evaluate the care provided.
 DISCLOSURE: Voluntary; but if information is not provided, all pertinent and relevant information regarding the medical history of the animal cannot be evaluated. Comprehensive medical care to the individual potentially exposed to rabies may not be possible, but care will not be denied.

1. TO (LABORATORY ADDRESS) Public Health Command Europe Laboratory Sciences(LS) Unit 33105; APO AE 09180 ATTN: Biological Analysis Division (BAD) Building 3809, Room N202 66849 Landstuhl-Kirchberg, GERMANY On-call Cell / Handy Tel: +49 162-2703083	2.a. FROM (UNIT ADDRESS)	c. TELEPHONE NUMBERS (Incl. Area Code)	
		(1) DUTY	(2) AFTER HOURS
	2.b. COUNTRY	COMMERCIAL	COMMERCIAL

SECTION 1 - REQUEST FOR TEST - PART A - IDENTIFICATION

3. OWNER OF ANIMAL (Last Name, First, Middle Initial)	4. ANIMAL		
	a. FIELD ID#	b. SPECIES	c. PET OR STRAY
		d. AGE	

PART B - SYMPTOMATOLOGY (Past 3 to 5 days) (X all blocks that apply)

5. COULD ANIMAL CLOSE MOUTH? UNKNOWN NO YES	6. SALIVATING? NO YES THIN/WATERY THICK/ROPY	7. ABLE TO DRINK WATER? UNKNOWN NO YES
8. LOSS OF APPETITE? UNKNOWN NO YES	9. EATING UNUSUAL THINGS? UNKNOWN NO YES	10. DIFFICULTY IN SWALLOWING? UNKNOWN NO YES
11. NERVOUS OR UNUSUAL BEHAVIOR? UNKNOWN NO YES	12. PARALYSIS OF ANY KIND? UNKNOWN NO YES	13. DATE FIRST NOTICED SICK
14. DATE OF DEATH	15. MANNER OF DEATH DIED EUTHANIZED	

PART C - HISTORY

16. HAD ANIMAL BEEN VACCINATED AGAINST RABIES? a. (✓one) NO YES	b. DATE	c. TYPE OF VACCINE
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PART D - HUMAN EXPOSURES

17.a. NAME	b. ADDRESS	c. DATE	d. TYPE OF EXPOSURE

18. CIRCUMSTANCES OF EXPOSURE AND OTHER REMARKS

19.a. VETERINARIAN (TYPED NAME)	b. GRADE	c. EMAIL ADDRESS	d. SIGNATURE	e. DATE
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SECTION II - FOR LABORATORY USE ONLY

20. DATE SPECIMEN RECEIVED	21. CONDITION (temperature)	22. LAB ACCESSION NUMBER		
23. FLUORESCENT ANTIBODY RESULTS	24.a. RESULTS EMAILED TO	b. DATE	c. TIME	d. BY
26. FINAL LABORATORY DIAGNOSIS				
27.a. REPORTED BY (TYPED NAME)	b. GRADE	c. TITLE	d. SIGNATURE	e. DATE