Rabies Sample Submission Form

Laboratory Reference No. PR/……/…… Date ……..

Information of the Animal

Species: Dog ☐ Cat ☐ Cattle ☐ Goat ☐ Other ……..	Sample :	Colour:	Breed :	Sex: Male ☐ Female ☐	Age :

Reason for Test: ☐ Human Exposure ☐ Odd behavior/ Sick/ Wounded ☐ Found dead ☐ Animal Exposure ☐ Official Request ☐ Road Kill	Storage: Temperature: Buried : Yes : ☐ No : ☐
History / Clinical/ Behavioral signs:	
ARV History: Yes ☐ No ☐ Unknown ☐ If yes number of Vaccinations: Date of last ARV: Brand of the ARV:	Has an owner: Yes ☐ No☐ Vaccination record book: Yes ☐ No☐

Date and Time of Death/ Euthanasia:	Veterinary Surgeon :	M. O. H. Division:
Date of submission:		District Secretariat:
Owner's name:	Owner's Address or Location where found :	District :
Tel/ Email/ Fax:		Postal Code :

Human/ Animal Exposure

Human Exposure: Yes☐ No☐ Unknown ☐	Number of persons bitten :	Number of non-bite exposures :
Post exposure prophylaxis: Yes☐ No ☐	Number of persons:	Details of Animal Exposures:
Submitter's : *Last name*	*Initials/ First name*	Telephone/ Email/ Fax:
Submitter's address for reporting:	Signature of the submitter :	