

Maryland Department of Health and Mental Hygiene
Laboratories Administration
 1770 Ashland Avenue, Baltimore, Maryland 21205
 Main Phone No: 443-681-3773 <http://www.dhmh.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.

1. SUBMITTER INFORMATION		2. OWNER OF SUBMITTED ANIMAL INFORMATION (or person who found animal)	
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
3. SPECIMEN INFORMATION		<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 *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> 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>		Reason for Rabies Testing: <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"/> 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	
4. EXPOSURE INFORMATION			
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			
FLUORESCENT RABIES ANTIBODY TEST RESULTS: (For Laboratory Use Only)			
<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: _____