



State of Washington  
 Department of Health  
**PUBLIC HEALTH LABORATORIES**  
 1610 N.E. 150th Street  
 Shoreline, Washington 98155-9701  
 Phone: (206) 418-5458  
 Fax: (206) 364-0072  
 MTS #1327 CLIA #50D0661453  
<http://www.doh.wa.gov/PHLForms>

FOR PHL USE ONLY

Date/Time Received

Lab Number

Please Print Clearly

**RABIES**

**SUBMITTER**

MAIL RESULTS TO:	AREA CODE & PHONE # ( ) -	COUNTY
	FAX # ( ) -	INVESTIGATOR

**SPECIMEN INFORMATION**

ANIMAL: \_\_\_\_\_ DOG BREED: \_\_\_\_\_ BATSPECIES: \_\_\_\_\_

**EVENT ID #:** \_\_\_\_\_

SUBMITTER/OWNER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PERSON(S) EXPOSED	ADDRESS	PHONE #
1)		
2)		
3)		

ANIMAL COLLECTION STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**HISTORY OF EXPOSURE**

**Submitter Comments:**

**For PHL Use Only:**

N	R
---	---

ATTENTION: (See Instructions on Reverse Side of Form)

**GENERAL INSTRUCTIONS:**

- **ALL SUBMISSIONS MUST BE PRE-APPROVED BY LOCAL HEALTH JURISDICTIONS**
- **PLEASE PRINT LEGIBLY.**
- **Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.**
- **Send specimens to the PHL as soon as possible to help ensure valid test results.**
- **All specimens being shipped must meet DOT (Department of Transportation) and US Postal Service regulations. It is the shipper's responsibility to ensure that packages being shipped meet these regulations.**
- **Specimens mailed with insufficient postage will not be delivered by the Postal Service.**
- **This form replaces:**

Laboratory Report and Animal History	Form Number DOH 303-013
--------------------------------------	----------------------------
- **Do NOT use this form to submit specimens to any laboratory other than the Virology Laboratory. Separate forms are available from the PHL Microbiology Laboratory Test Menu Site at <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/Forms>. Using the incorrect form may delay processing of the specimen.**
- **To obtain additional requisition forms or collection kits, please contact the PHL Mail Room at (206) 418-5579.**
- **Instructions to clarify Type of Exposure**
  - **Select all that apply based on the following descriptions:**
  - **Check bite if victim(s) bitten by the animal**
  - **Check saliva if victim(s) had saliva exposure from non-bite/scratch**
  - **Check bat in sleeping area if victim(s) potentially exposed while sleeping**
  - **Check scratch if victim(s) scratched from claws**
  - **Check bare skin contact if victim(s) had direct bare skin contact with bat or a bite is unknown**
  - **Check animal only if animal exposure has occurred but no human exposure**
  - **Check none (surveillance only) if animal being tested for surveillance purposes only and no human or animal was exposed**
  - **Check other (specify) if an unusual exposure has occurred that does not fit in any of the above categories (please write specifics on line provided)**