



ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

RABIES RISK ASSESSMENT & LABORATORY SUBMISSION FORM

To: AZDHS Rabies Team vbzd@azdhs.gov Phone (602) 364 3676 Fax (602) 364 3198 **County:**

Submitter

Agency: _____ Contact Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Email: _____
Veterinarian Animal Control Officer Police Officer Other: _____

Suspected Rabid Animal

Animal ID: _____

Type: _____

Other: _____

Species: _____

Onset Date (MM/DD/YYYY): _____

Date Collected: _____

Approximate Age: _____

Gender: _____

M F Unk

Vaccine Status: _____

Mortality Status: _____

Reason for submitting: _____

Quarantine Status: _____

Quarantine not observed because: _____

Exposure was: Provoked Unprovoked Unk

Neurological symptoms? Yes No If yes, select neuro symptoms:

Hydrophobia Unable to swallow Fever Lethargy

Loss of Appetite Biting Restless Change in behavior

Change in bark/meow tone Chewing at bite site Aggressive/mean

Breaks teeth/injures self biting objects Constant growling Seizures

Dilated pupils Choking Disorientation Uncontrollable

Paralysis of jaw/throat/chewing muscles Foaming at mouth

Sudden unexplained death

Other: _____

Human Exposure	Domestic Animal Exposure	Location of Exposure Unk
Exposure Date: _____	Exposure Date: _____	Latitude: _____
Number of humans exposed: _____	Number of animals exposed: _____	Longitude: _____
Type of exposure: _____	_____	Nearest cross streets: _____
Exposure Location: _____	Owner contact information: _____	Rural Suburban
Contact information: _____	Name: _____	Public Other Unk
Name: _____	Address: _____	Name: _____
Gender: _____	_____	Address: _____
Address: _____	City: _____ Zip: _____	_____
_____	Phone: _____	City: _____ Zip: _____
City: _____ Zip: _____	Email: _____	Phone: _____
Phone: _____	_____	Email: _____
Email: _____		_____

Describe the human/domestic animal exposure in detail:

Email this completed submission form to vbzd@azdhs.gov for approval prior to shipping the specimen. If you receive approval, send the specimen to:

Arizona State Public Health Laboratory
250 N. 17th Ave. Phoenix, AZ 85007
Attn: Lab Receiving/Rabies

Recommendations:

County Approval

Send Sample Do not send sample Priority Not a priority Send to another lab

Approved by: _____ Date: _____

Notes: _____

ADHS/State Approval

Send Sample Do not send sample Priority Not a priority Send to another lab

Approved by: _____ Date: _____

Notes: _____

Results:

ASPHL ID#: _____ Species: _____

Results: _____ Date: _____

Notes: _____

Submitted to CDC for further testing? _____