



Maine Center for Disease  
Control and Prevention  
An Office of the  
Department of Health and Human Services

Health and Environmental Testing Lab  
221 State Street, Station 12  
Augusta, ME 04333  
Tele: 207-287-2727 Fax: 207-587-6832  
After hours: 1-800-821-5821

## RABIES SUBMISSION FORM

**SEND REPORT TO:** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**ANIMAL TO BE TESTED:**     Bat     Cat     Dog     Fox     Raccoon     Skunk  
 Woodchuck     Livestock species: \_\_\_\_\_ Other: \_\_\_\_\_

Animal was from **Town:** \_\_\_\_\_ **County:** \_\_\_\_\_

**LIVESTOCK USE ONLY: Age (approx.):** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**EXPOSURE INFORMATION:**  Human     Animal     Both    **EXPOSURE DATE:** \_\_\_\_\_

**SPECIES OF ANIMAL EXPOSED:** \_\_\_\_\_ **Vaccination status:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Was the animal BITTEN    yes [  ]    no [  ] describe the exposure and the circumstance of exposure:  
 \_\_\_\_\_  
 \_\_\_\_\_

**HUMAN EXPOSURE(name):** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_

**Mailing/Physical address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Was this person BITTEN    yes [  ]    no [  ] describe the exposure and the circumstance of exposure:  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR HETL USE ONLY:</b>			<b>Lab #:</b> _____
FA Result: _____	Reported by: _____	Date: _____	<b>Date:</b> _____
Results Called To: _____	Date: _____	Time: _____	<b>Time Rec'd:</b> _____
		Tech: _____	<b>Entered By:</b> _____