



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: 207-287-1706 Fax: 207-287-8925  
After hours: 1-800-821-5821

Laboratory Use:  
Lab #: \_\_\_\_\_ Date: \_\_\_\_\_  
Time Rec'd: \_\_\_\_\_ Entered by: \_\_\_\_\_

## Rabies Submission Form

**COMPLETE ALL SECTIONS**

Submission form completed by: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Do you want a phone call and/or email with the test results?  Call  Email  Neither Email address: \_\_\_\_\_

### Section 1: Submitter Information

Send Report To/ Submitter: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you want a phone call and/or email with the test results?  Call  Email Email address: \_\_\_\_\_

### Section 2: Rabies Suspect Information

<p><b>Animal to be tested:</b></p> <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Cat <input type="checkbox"/> Skunk <input type="checkbox"/> Dog <input type="checkbox"/> Fox <input type="checkbox"/> Other _____	<p><b>The animal was:</b> <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Owned  <b>If Owned, Rabies Vaccination Status:</b> <input type="checkbox"/> Current <input type="checkbox"/> Not Current <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown  <b>Owner's Name:</b> _____</p>
	<p><b>The animal:</b> <input type="checkbox"/> Died on its own <input type="checkbox"/> Euthanized <input type="checkbox"/> Alive <input type="checkbox"/> Unknown</p>
<p><b>Livestock Use Only:</b></p> Age: _____ Gender: _____ Breed: _____	<p><b>Animal Symptoms:</b> <input type="checkbox"/> Aggression <input type="checkbox"/> Paralysis <input type="checkbox"/> Seizures <input type="checkbox"/> Disorientation  <input type="checkbox"/> Ataxia (falling over) <input type="checkbox"/> Drooling <input type="checkbox"/> Lethargy <input type="checkbox"/> None</p>
	<p><b>Animal was from: Town:</b> _____  <b>County:</b> _____</p>

### Section 3: Exposure Information

	Name, Address and Phone Number (Human exposed or owner of animal exposed)	Date of Exposure	Type of Exposure
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown

**Exposure Details:** \_\_\_\_\_  
 \_\_\_\_\_

**FOR HETL USE ONLY**

FA Result: \_\_\_\_\_ Reported by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Results Called to: \_\_\_\_\_ Time: \_\_\_\_\_ Tech: \_\_\_\_\_