



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>Animal to be tested:</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>The animal was: <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Owned If Owned, Rabies Vaccination Status: <input type="checkbox"/> Current <input type="checkbox"/> Not Current <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown Owner's Name: _____</p>
	<p>The animal: <input type="checkbox"/> Died on its own <input type="checkbox"/> Euthanized <input type="checkbox"/> Alive <input type="checkbox"/> Unknown</p>
<p>Livestock Use Only:</p> Age: _____ Gender: _____ Breed: _____	<p>Animal Symptoms: <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>Animal was from: Town: _____ County: _____</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: _____