

RABIES SPECIMEN SUBMISSION FORM

OKLAHOMA ANIMAL DISEASE DIAGNOSTIC LABORATORY (OADDL)

1950 W FARM RD., STILLWATER, OK 74078-0001

(405) 744-6623

Complete one form per specimen. Send via commercial carrier (not US mail) or hand-deliver to address above. Deliveries accepted 24/7; however, some carriers do not guarantee next-day delivery or will not deliver on weekends or holidays, so check availability of services. Specimens received before 10:30 am Mon-Fri are tested/reported same day. There is no fee for testing, but submitter is responsible for transportation charges and other fees applied, **this includes a \$5 mailed report fee if no email is provided for reporting.**

SUBMITTER ☐ Submitted in official rabies box

Name _____

Address _____

City _____ County _____

State _____ Zip _____

Phone (_____) _____ - _____

After Hours (_____) _____ - _____

Email (required for reporting) _____

Send Report to ☐ Submitter ☐ Owner ☐ Both

OWNER OF EXPOSED ANIMAL ☐ Same as Submitter

Name _____

Address _____

City _____ County _____

State _____ Zip _____

Phone (_____) _____ - _____

Email (required for reporting) _____

ALTERNATE CONTACT

Name _____ Phone: (_____) _____ - _____

SUBMITTED ANIMAL INFORMATION

TYPE

☐ Dog (Breed) _____

☐ Cat ☐ Bat

☐ Skunk ☐ Cow

☐ Raccoon ☐ Horse

☐ Other _____

SEX ☐ M ☐ F ☐ Spay/Neut. ☐ Unknown

AGE (years/months) _____

DESCRIPTION

☐ Potentially exposed pet/domestic animal

☐ Potentially rabid animal

VACCINATION HISTORY

Yes No Unk. Date

Rabies ☐ ☐ ☐ _____

Distemper ☐ ☐ ☐ _____

WAS THE ANIMAL SICK?

☐ No ☐ Yes (Indicate duration / symptoms in description box below)

DEATH / EUTHANASIA

Date _____

Time _____ AM / PM

☐ Natural

☐ Killed/Euthanized
Method: _____

☐ Unknown

SPECIMEN SHIPPING

Date Shipped: _____

EXPOSURE INFORMATION

Required! Testing will not be performed without this information

TYPE

☐ Human ☐ Pet/Domestic Animal

Bitten by an animal? ☐ No ☐ Yes

Non-bite exposure? ☐ No ☐ Yes
(e.g.; saliva, blood, scratch)

Significant potential exposure? ☐ No ☐ Yes
(e.g.; bat in room with sleeping individual)

DATE OF EXPOSURE: _____

LOCATION OF EXPOSURE

☐ Owner's Home ☐ Other

Address _____

City _____

County _____

State _____ Zip _____

EXPOSED INDIVIDUAL INFORMATION

List others exposed on the back of form

Name _____

Address _____

City _____

County _____

State _____ Zip _____

Phone: (_____) _____ - _____

DESCRIPTION OF INCIDENT Use back of form if more space is needed

DISPOSAL OF REMAINS (Full-body submissions only)

☐ Routine Laboratory Disposal

☐ Private Cremation

Submitter arranges for remains to be picked up **by the crematory** within 10 business days.

LABORATORY USE ONLY

DIRECT FLUORESCENT ANTIBODY TEST RESULT

☐ Rabies Virus Not Detected (Negative)

☐ Unable to Rule Out Rabies Infection:

☐ Brain decomposed

☐ Brain stem not identifiable

☐ Other _____

☐ Rabies Virus Detected (Positive)

COMMENTS:

Date/Time Received: _____ AM / PM Received By: _____ Date Tested: _____ Tested By: _____