



QUESTIONNAIRE FOR RABIES SUSPECT SPECIMENS

PENNSYLVANIA DEPARTMENT OF AGRICULTURE,
 PENNSYLVANIA VETERINARY LABORATORY
 2305 North Cameron Street, Harrisburg PA 17110-9449

DATE SUBMITTED _____ LAB NUMBER _____ PHONE 717-787-8808 FAX 717-772-3895

SENDER/SUBMITTER _____ _____ _____ Phone (____) _____ - _____	OWNER OR GAME COMMISSION _____ _____ _____ Phone (____) _____ - _____
KIND OF ANIMAL TO BE TESTED _____ PET _____ STRAY _____ WILDLIFE _____ BREED _____ SEX _____ AGE _____	
NEAREST MAILING ADDRESS TO LOCATION WHERE INCIDENT OCCURRED	
STREET _____ TOWN _____ ZIP CODE _____	
COUNTY _____ TOWNSHIP _____ CITY _____ BORO _____	
Please Specify: IN HOME _____ BACKYARD OF HOME _____ DOG PEN _____ OPEN FARM LAND _____	

WAS ANY PERSON BITTEN/EXPOSED OR SCRATCHED? Yes _____ No _____ Unknown _____

IF YES, HAVE YOU CONTACTED THE DEPT. OF HEALTH (1-877-PAHEALTH OR 717-787-3350)? Yes _____ No _____

IF YOU HAVE QUESTIONS ABOUT WHAT CONSTITUTES HUMAN EXPOSURE, CONTACT THE DEPT. OF HEALTH

WAS ANY ANIMAL BITTEN OR SCRATCHED? Yes _____ No _____ Unknown _____

Please describe the incident _____

Was the bitten animal vaccinated against rabies? If YES, When _____ No _____ Unknown _____

Veterinarian's Name _____ Clinical Diagnosis _____

Animal History/Behavior: _____

How did animal die? Killed _____ Natural Causes _____ Other _____ Date of Death _____

Additional information may be written on back.

LABORATORY USE ONLY

1. SPECIMEN: Carcass _____ Head _____ Brain _____ Other _____

METHOD OF SUBMISSION _____

CONDITION OF SPECIMEN _____

2. FLUORESCENT ANTIBODY TEST RESULTS FOR RABIES:

_____ POSITIVEEvidence of rabies virus	_____ INDETERMINATE.... This result does not exclude the possibility of rabies in this animal.
_____ NEGATIVE.....No evidence of rabies virus	_____ UNSATISFACTORY FOR EXAMINATION
_____ OTHER _____	

DATE REPORTED: _____ REPORTED BY: _____

CONTACT _____ CONTACT _____