

# REQUEST FOR RABIES EXAMINATION

**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH, LABORATORY DIVISION  
 10 CLINTON STREET, P.O. BOX 1689, HARTFORD, CONNECTICUT 06144  
 (860) 509-8553

TEST NUMBER  
**203V**

Accession Label

**PLEASE PRINT CLEARLY**

<b>Name and Address of Submitter</b> (Physician or Veterinarian to receive report)  JOHNNIE LEE, MD, MPH STAMFORD HEALTH DEPARTMENT LABORATORY 888 WASHINGTON BLVD STAMFORD, CT 06901	<b>Phone Number</b> (Results will be phoned to this number)  (203) 977-4378
<b>NOTE: The person or agency receiving this report is responsible for notifying animal owner, exposed person, and other involved parties of the results of this examination.</b>	

<b>TO BE COMPLETED BY SUBMITTER</b>			
Animal species, breed, description of animal being tested	Date of collection		
Name and Address of Owner	Did animal die or was it killed? <input type="checkbox"/> Died <input type="checkbox"/> Killed If killed, How?  When?  Who killed the animal?		
Date of symptoms	Clinical diagnosis	Town where animal was found	Did animal run wild?
		<b>STAMFORD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>EXPOSURE INFORMATION</b>	
<b>HUMAN EXPOSURES</b> Was there a human exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No  Name and Address:   Type of Exposure: (bite, scratch, contact, etc.)  Describe incident:	<b>ANIMAL / PET EXPOSURES</b> Was there a pet exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No  Pet Owner Name and Address:   Type of Pet: (dog, cat, horse, etc.)  Type of Exposure: (bite, scratch, contact, etc.)  Describe incident:

<b>TO BE COMPLETED BY LABORATORY STAFF</b>		
Date received	Condition on arrival	Explain
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

<b>REPORT PHONED TO</b>					
NAME	DATE AND HOUR	BY	NAME	DATE AND HOUR	BY

FINAL REPORT     
  NEGATIVE     
  POSITIVE     
 Date: \_\_\_\_\_