OKLAHOMA
State Department of Health

OADDL
College of Veterinary Medicine

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:** _____