### RABIES TEST REPORT
Bureau of Clinical Laboratories
Alabama Department of Public Health

#### SUBMITTER’S INFORMATION

1. **Species:**
   - Dog  
   - Cat  
   - Bat  
   - Skunk  
   - Fox  
   - Raccoon  
   - Opossum  
   - Other:

2. **Identifying characteristics:** Breed, color, markings, etc.

3. **Date animal died**

4. **Date specimen submitted**

5. **Animal vaccinated?**
   - Yes  
   - No  
   - Unknown  

6. **Who was exposed:**
   - Human  
   - Unknown  
   - Type of exposure:
     - Bite  
     - Handling  
     - Animal  
     - Scratch  
     - Saliva  

   **Name of party exposed:**
   **Phone:**

7. **Where incident occurred:**
   - City  
   - County  
   - Phone:

8. **Responsibility Party for Lab to Contact:**
   - Animal Control  
   - Individual  
   - Veterinarian  
   - Physician  
   - Other

   **Name:**
   **City:**
   **Phone:**

9. **Division Laboratory specimen submitted to:**
   - Mobile  
   - Montgomery

10. **Send report to:** (Name & Address of Provider)
    - Name:
    - Phone:

11. **Analytical Results:**
    - Laboratory Number
    - Date Received
    - Time Received
    - Laboratory Results:
      - No evidence of Rabies by FA Test
      - Positive for Rabies FA Test
      - Unsatisfactory: Brain destroyed
      - Brain decomposed
      - Brain in preservative
      - Other: Other
    - Indeterminate, Referred For Results

12. **Results Telephoned To:**
    - Submitter  
    - Epi

13. **Called By:**
    - Environmentalist  
    - Other

14. **Analyst (1):**
    - Date Reported
    - Time Reported

15. **Analyst (2):**

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