

Rabies Test Request

For Lab Use Only

Shipper # _____
Condition of brain _____
Sites sampled _____
Tech: _____
Date reported: ___/___/___

Mississippi Public Health Laboratories
Main Lab - 570 East Woodrow Wilson
Jackson, Mississippi 39216
Phone - 601-576-7582

Lawson Street Lab - 3152 Lawson Street
Jackson, Mississippi 39213
Phone - 601-981-6158

Animal
 Died, Date ___/___/___ Domestic
 Killed, Date ___/___/___ Wild

Animal Vaccination Status:
 Current None Unknown

Exposure:
 Human Pet None Unknown

Type:
 Bite Scratch Other _____

Person Exposed:
Name _____
Daytime Phone _____

Submitter _____
Address _____
City/State _____
Phone _____
Fax _____
Date Submitted ___/___/___
Owner _____
Address _____
City/State _____
Phone _____

Place Barcode Label
Here.

Mississippi State Department of Health FORM 433 (REVISED February 2008)

Rabies Request, REQ 433 Instructions

Purpose

This form is to provide submitters with a mechanism to request rabies testing and to provide a template for information required for test result interpretation and dissemination.

Instructions

1. The left side of this form is for lab use only. Please do not write in this area for any reason.
2. All areas of information must be completed. This information is essential to tracking rabies epidemiology and proper processing of samples. If any area is left blank or has no blocks checked, specimens may be rejected or you may be called upon to supply this information by phone.
3. Fill in information as follows:

Submitter information

Submitter - Enter the name of the laboratory, agency, health department clinic or veterinarian responsible for initiating testing.

Address - Enter the address of the clinic/submitter.

Phone - Enter the phone number for the clinic/submitter.

Fax - Enter the fax number for the clinic/submitter.

Date submitted - Enter the date the specimen was submitted for shipping. This can be via state courier at the local health department or commercial carrier.

Owner Information

Name - Enter the name of the person who owns the animal if the animal is domestic. If the animal was animal stray or wild, the owner section should be left blank.

Address - Enter address of owner.

Phone - Enter phone number of owner.

Animal

In this space please indicate type or species. Example: dog, cat, bat.

Check died if the animal was found dead.

Check killed if the animal was killed.

Date - Enter date animal died or was killed. The date the animal died must be included.

Check domestic if the animal either was a pet .

Check wild if the animal was a wild animal or stray.

Animal Vaccination Status

Check current if the animal is known to have received rabies vaccine in the past year.

Check none if the animal has not been vaccinated or is a wild animal.

Check unknown for stray dogs, stray cats and any animal for which vaccination status cannot be

obtained.

Exposure

Check all that apply. If people and pets were exposed to the rabies suspect, check both boxes. If you do not know if anyone, or any pet was exposed check the box for unknown. If no exposure occurred check the box for none.

Type

Check all that apply. For exposure other than a bite or scratch, for example: saliva or broken skin, check the other box and write in the type.

Person exposed

Name – Enter the individual who was actually exposed to the rabies virus. " Bit child" is not sufficient information. The patient's name, address, city of residence, or any identifying information should be entered.

Daytime phone – Enter the phone number of the exposed person. This information is essential for rapid reporting.

Office Mechanics and Filing

All clinical laboratory test records are retained for a minimum of 2 years from date of receipt.