

New Jersey Department of Health and Senior Services
Public Health Laboratories

REQUEST FOR RABIES EXAMINATION

FOR LAB USE ONLY	LHD Approval/Stamp
Lab Number	
Date Received	

SECTION I - INFORMATION ON ANIMAL SUBMITTED

1. Type (e.g., dog, cat, raccoon, etc.)		2. Breed (if appl.)	3. Date of Death
4. Was Animal: <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild		5. Cause of Death (i.e., put to sleep, found dead, killed by auto, etc.)	
6. Animal Behavior Before Death (Check all that apply)			
<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Lethargic or In Coma <input type="checkbox"/> Wobbly Gait <input type="checkbox"/> Not Afraid of Humans or Domestic Animals <input type="checkbox"/> Appeared Sick <input type="checkbox"/> Drooling Saliva <input type="checkbox"/> Paralysis <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Aggressive <input type="checkbox"/> Overly Friendly <input type="checkbox"/> Wild Animal Out in Daylight <input type="checkbox"/> Unknown			
7. Owner of Animal/Residence of Specimen Origin:			
Name: _____		Tel. No.: () _____	Munic.: _____
Mailing Address: _____			
8. Delivered By:			
Name: _____		Tel. No.: () _____	
Mailing Address: _____			
9. Health Officer:			
Name: _____		Fax No.: () _____	
Mailing Address: _____			
10. Attending Veterinarian (If applicable):			
Name: _____		Tel. No.: () _____	
Mailing Address: _____			
11. Animal Control Officer (If applicable):			
Name: _____		Tel. No.: () _____	
Mailing Address: _____			

SECTION II - HUMAN EXPOSURE INFORMATION

12. Were any people bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> Yes-Other (Explain): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13. County/Municipality Where Exposure Occurred	14. Date of Exposure
15. Persons Bitten By or Exposed To Animal	
Name: _____ Tel. No.: () _____ Munic.: _____	
Mailing Address: _____	
16. How Did The Exposure To This Animal Occur?	17. Has emergency rabies treatment of the exposed person been started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
18. Attending Physician:	
Name: _____ Tel. No.: () _____	
Mailing Address: _____	

SECTION III - ANIMAL EXPOSURE INFORMATION

19. Were any other animals bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> Yes-Other (Explain): _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
20. Type of Animal Exposed	21. Has Exposed Animal Been Vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. How Did The Exposure Occur?
23. Owner of Animal Exposed:		
Name: _____ Tel. No.: () _____ Munic.: _____		
Mailing Address: _____		

RESULTS - LABORATORY USE ONLY

1 <input type="checkbox"/> No microscopic evidence of rabies by fluorescent antibody examination.	Date Reported: _____
2 <input type="checkbox"/> Fluorescent antibody staining of rabies virus present. This animal was rabid. Anti-rabies treatment should be given to any person bitten or infected by this animal.	
3 <input type="checkbox"/> Specimen unsatisfactory: <input type="checkbox"/> Decomposed <input type="checkbox"/> Damaged <input type="checkbox"/> Destroyed <input type="checkbox"/> No other tests can be made.	