**SPECIMEN COLLECTION INFORMATION**

- **Kind of Animal:**
- **Date Specimen Collected:**
- **Specimen Collector Name:**
- **Phone Number of Collector:**
- **Animal Collection Site (Address or GPS):**
- **City:**
- **State:**
- **Zip Code:**

**SPECIMEN COLLECTION INFORMATION**

- **Submitting Facility:**
- **Address:**
- **City:**
- **County:**
- **State:**
- **Zip Code:**
- **Phone Number:**
- **Fax Number:**

**REASON FOR SUBMISSION (Provide details below)**

- **Reason for Submission:**
- **Was the attack provoked?**
- **Date of Death:**
- **Name of contact:**

**PUBLIC HEALTH CONTACT**

- **Has a Public Health Official been contacted regarding this submission?**
- **Natural Death**
- **Euthanized**

**OWNER OF ANIMAL**

- **Last Name:**
- **Address:**
- **City:**
- **Country:**
- **State:**
- **Phone Number:**

**PERSON EXPOSED**

- **Last Name:**
- **First Name:**
- **Middle Initial:**
- **Address:**
- **City:**
- **County:**
- **State:**
- **Phone Number:**

**OTHER ANIMAL EXPOSED**

- **Type of Animal Exposed:**
- **Date of Exposure:**
- **Owner Last Name:**
- **Owner First Name:**
- **Owner Middle Initial:**

**ADDITIONAL SPECIMEN INFORMATION**

- **Vaccination History:**
- **List of Clinical Signs:**
- **Date of First Clinical Signs:**
- **Additional Information:**

**LABORATORY FACILITIES**

- **Nashville Central Laboratory,**
  630 Hart Lane
  Nashville, TN 37216  615-262-6350
- **Knoxville Regional Laboratory,**
  2101 Medical Center Way
  Knoxville, TN 37920  865-549-5201

**Billing Information (TDH use only)**

Revision September 2014