



Tennessee Department of Health
Division of Laboratory Services
Rabies Submission

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates required fields**

SPECIMEN COLLECTION INFORMATION

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

SUBMITTER INFORMATION

*Submitting Facility:		Submitter I.D. Number:	
Address:			
City:	County:	State:	Zip Code:
Phone Number: () -	Fax Number: () -	E-mail:	

OWNER OF ANIMAL

Last Name:	First Name:	Middle Initial:
Address:		Phone Number: () -
City:	County:	State:
		Zip Code:

*** PUBLIC HEALTH RISK ASSESSMENT INFORMATION**

<input type="checkbox"/> Person Exposed (fill out exposure info below) <input type="checkbox"/> Other Animal Exposed (fill out exposure info below) <input type="checkbox"/> Surveillance		
<input type="checkbox"/> Has a Public Health Official been contacted regarding this submission <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of contact: _____	
Was the attack provoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death: / /	
Method of Death: <input type="checkbox"/> Humanely euthanized <input type="checkbox"/> Killed by another animal <input type="checkbox"/> Terminated, slaughtered, exterminated <input type="checkbox"/> Illness <input type="checkbox"/> Trauma <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		

Vaccination History:	
List of Clinical Signs:	
Date of First Clinical Signs: / /	International Travel/Importation within 1 year? <input type="checkbox"/> Yes <input type="checkbox"/> No

***PERSON EXPOSED (REQUIRED IF MARKED YES IN RISK ASSESSMENT SECTION ABOVE)**

Last Name:	First Name:	Middle Initial:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	Date of Exposure: / /
Address:		Phone Number: () -
City:	County:	State:
		Zip Code:
Exposure Type: <input type="checkbox"/> Bite <input type="checkbox"/> Saliva Contact <input type="checkbox"/> Neurological Tissue <input type="checkbox"/> Other _____		
Exposure Site: <input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Throat <input type="checkbox"/> Torso <input type="checkbox"/> Other _____		

***OTHER ANIMAL EXPOSED (REQUIRED IF MARKED YES IN RISK ASSESSMENT SECTION ABOVE)**

Type of Animal Exposed:	Date of Exposure: / /
Owner Last Name:	Owner First Name:
Owner Middle Initial:	
Address:	
Phone Number: () -	
City:	County:
State:	Zip Code:

ADDITIONAL SPECIMEN 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
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