	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

☐ Person Exposed (fill out exposure info below) ☐ Other Animal Exposed (fill out exposure info below) ☐ Surveillance

Was the Animal Submitted Exposed to a Farm, Agriculture, and/or Raw Milk Source? ☐ Yes ☐ No

Has a Public Health Official been contacted regarding this submission ☐ Yes ☐ No	Name of contact: _____
Was the attack provoked? □ Yes □ No	Date of Death: / /

Method of Death: □ Humanely euthanized □ Killed by another animal □ Terminated, slaughtered, exterminated
□ Illness □ Trauma □ Unknown □ Other _____

Vaccination History:

List of Clinical Signs (include neurological):

Date of First Clinical Signs: / /	International Travel/Importation within 1 year? □ Yes □ No

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

Last Name:	First Name:		Middle Initial:
□ Male □ Female	Date of Birth: / /		Date of Exposure: / /
Address:			Phone Number: ( ) -
City:	County:	State:	Zip Code:

Exposure Type: □ Bite □ Saliva Contact □ Neurological Tissue □ Other _____

Exposure Site: □ Arm □ Foot □ Hand □ Head □ Leg □ Throat □ Torso □ Other _____

*OTHER ANIMAL EXPOSED (REQUIRED IF MARKED 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