Delaware Public Health Laboratory
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(Rev. 02/27/24)

RABIES TEST REQUISITION FORM

SUBMITTER:

Date: ___/___/_____

For Lab Use Only

Name of Submitter:_____
(Check all that apply)
☐ Owner ☐ Exposed Person
☐ Veterinarian
☐ Other - _____

Clinic/Org. name:_____

Address:_____City:_____ Zip:_____

County: ☐ Kent ☐ Sussex ☐ New Castle Phone:_____

Test Animal:

Species:_____ ☐ Owned ☐ Stray ☐ Wild

Animal name or ID tag number:_____

Date of death: ___/___/_____ Tested animal was: ☐ Euthanized ☐ Killed ☐ Found dead

Owner (if different from submitter):_____

Incident/location Address:_____
Street City State Zip County

Brief Description of Incident:

_____

_____

Rabies Vaccination: ☐ Yes ☐ No ☐ Expired ☐ N/A ☐ Unknown

Person(s) Exposed:

☐ No human exposure

Date of Exposure_____

Type of Exposure: ☐ Bite ☐ Scratch ☐ Contact ☐ Other:_____

Person(s) exposed:_____ Age(s):_____

Victim Address:_____County:_____

Phone:__(_____)_____ __Alternate Phone:__(_____)_____

Laboratory only:

☐ Head ☐ Brain ☐ Insufficient_____

Condition: ☐ Good ☐ Fair ☐ Traumatized ☐ Dried ☐ No Tissue

Results: ☐ Positive ☐ Negative ☐ Test not done

Technician Signature/Date:_____ ☐ Emailed Results

IMPORTANT: Keep animal head refrigerated – DO NOT FREEZE!!