Rabies Test Requisition

Animal Testing Only - Test Codes 2900/2910

Bureau of Laboratories Michigan Department of Community Health

PO Box 30035 3350 North Martin Luther King Jr. Blvd. Lansing Michigan 48909

Phone: 517-335-8059 (Laboratory Records) 517-335-8067 (Technical Information) Fax: 517-335-9871 HTTP://www.mdch.state.mi.us/pha/bofl

Date Received at MDCH	MDCH Sample #

AGENCY - SUBMITTER INFORMATION	ENTER EPIC CODE IF KNOWN >>>>>>
Return Results to:	Phone (24/7)
	Fax

CONTACT PERSON/ATTENDING PHYSICIAN/PROVIDER:

SUBMITTER'S SPECIMEN NUMBER - IF APPLICABLE

NAME (Last, First) OF EXPOSED PERSON OR TYPE OF EXPOSED ANIMAL (i.e., Dog of Smith, John, Cat of . . . , Horse of . . . , etc.)

IF MULTIPLE HUMAN EXPOSURES - LIST FULL NAMES	**1)**
2)	**3)**

OTHER INFORMATION RELEVANT TO RABIES TESTING:

SUBMITTER'S PATIENT NUMBER - IF APPLICABLE

EXPOSED PERSON'S **CITY** of RESIDENCE | GENDER • Female • Male

DATE OF BIRTH M M D D Y Y Y Y | S.S. Number

Date of Collection M M D D Y Y Y Y | Date of Exposure M M D D Y Y Y Y

/ 9 EXPOSED PERSON OR / 9 ANIMAL OWNER'S INFORMATION & COMPLETE SECTION BELOW

NAME

STREET ADDRESS

CITY/STATE/ZIP

ANIMAL OWNER'S PHONE NUMBER	TYPE OF ANIMAL
	• Dog • Cat • Bat • Other (Specify)_____

ANIMAL'S RABIES VACCINATION STATUS | • None/Unknown | Vaccinated ° | DATE VACCINE EXPIRES M M D D Y Y Y Y

EXPOSED PERSON'S PHONE NUMBER	SITE ON BODY OF EXPOSURE

COUNTY WHERE EXPOSURE OCCURRED