

# RABIES DIAGNOSTIC REQUISITION

South Dakota State University

Animal Disease Research and Diagnostic Laboratory - Virology Section | 1155 North Campus Drive | Brookings, SD 57007  
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Place Sticker Here	Laboratory Use Only: <b>Lab No.</b> _____ <input type="checkbox"/> <b>Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>Unsuitable Sample</b> _____ <div style="text-align: right;">Initials/Date _____</div>
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Clinic/Agency _____	Contact _____
Address _____	Phone # _____
City/State/Zip _____	Fax # _____

## SPECIMEN HISTORY

Species	Breed	Age (approx.)	Color/Description	Gender
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Animal Location:**  
 Town \_\_\_\_\_ County \_\_\_\_\_ Specific Location \_\_\_\_\_

Submitted animal's vaccination status:  Current  Unvaccinated  Not Current  Unknown

Was the animal sick or acting strangely?  No  Yes

Signs of Rabies:  Neurological disorder  Paralysis  Difficulty swallowing  Drooling  Aggression

Sample Submitted: Whole Body  Head Only   
 Whole Brain (unfixed)

Date of death: \_\_\_\_\_ Manner of death: Euthanized  Killed  Found Dead

Date Submitted: \_\_\_\_\_

Owner/Submitter Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

## EXPOSURE HISTORY

Has the animal exposed any person?  No  Yes Name: \_\_\_\_\_ Date \_\_\_\_\_

Type of exposure Bite  Non-bite

If yes, please give details of incident: \_\_\_\_\_

Was this animal in contact with a pet or domestic animal?  No  Yes If yes: Date \_\_\_\_\_

If yes: Species \_\_\_\_\_ Vaccination status:  Current  Unvaccinated  Not Current  Unknown

If yes to any of the above: Name/Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Comments: \_\_\_\_\_

If rabies is negative, do you want a complete necropsy? No  Yes