



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Rabies Testing Lab: (512) 776-7595
Toll Free Notification: 1-800-252-8163

**G-9 Rabies Specimen Submission Form
(JAN 2022)**

<http://www.dshs.texas.gov/lab>

*****FOR DSHS USE ONLY****

PLEASE COMPLETE A SEPARATE FORM FOR EACH SPECIMEN SUBMITTED

Section 1. SUBMITTER INFORMATION – (REQUIRED)**

Submitter Number		Submitter Name/Facility**		NO COD's ACCEPTED The shipper is responsible for all shipping charges	
Address**			City**	State** TX	Zip Code**
Phone**	Fax**	Contact / Collected By		Date of Collection	

State Law requires submitters of specimens for rabies examination to notify us in advance of shipment. Our toll-free number for notification is 1-800-252-8163; this number is monitored by a recorder 24 hours a day, 7 days a week. Please do not send specimens without prior notification. This will allow us to act promptly on missing specimens.

Emergency testing or result reporting will only be done on weekends with prior approval of the Rabies Laboratory. Please call (512) 776-7595 before 4 p.m. on Friday to arrange for weekend testing. The laboratory and Zoonosis Control personnel will evaluate the situation and determine if emergency testing is necessary. After 4 p.m. on Friday, contact the Physician-on-call @ 512-776-7111 to request emergency testing. The submitter must provide an after hours contact telephone number if results are requested outside normal work hours.

**** Do not submit live animals ****

**** Do not freeze head. Send head only with the exception of bats and small rodents. Please know, head will not be returned, no exceptions. ****

Section 2. SPECIMEN/ANIMAL INFORMATION -- (REQUIRED)**

Animal Type** :	Unique animal ID: <i>(created by and for the submitter)</i> (Must match ID on head)	Description	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			
<input type="checkbox"/> Skunk <input type="checkbox"/> Fox			
<input type="checkbox"/> Bat <input type="checkbox"/> Raccoon			
<input type="checkbox"/> Bovine <input type="checkbox"/> Equine			
<input type="checkbox"/> Other: _____			
Animal Owner's Name		County of Animal's Origin**	Exposure Date

Section 3. HUMAN & PET EXPOSURE – (REQUIRED)

Human Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	Human Bite:: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure Unknown: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments:

FOR LABORATORY USE ONLY

Carrier:	
<input type="checkbox"/> Hand <input type="checkbox"/> Bus <input type="checkbox"/> LSO <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input type="checkbox"/> Other: _____	
Date Received:	Comments:
Time Received:	

Hotline :