



TEXAS

Health and Human Services

Texas Department of State Health Services

CAP# 3024401

CLIA #45D0660644

Questions? LabInfo@dshs.texas.gov

Specimen Acquisition: (512) 776-7598

Remember 1-1



1 FORM = 1 SAMPLE

Please complete a separate form for each specimen submitted

SPECIMEN BARCODE

This Space for DSHS Laboratory Use Only

G-9 Rabies Specimen Submission Form

Submission Form Guidance

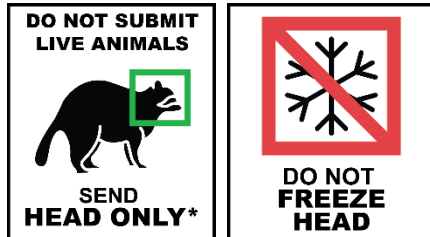
- All dates must be entered in mm/dd/yyyy format,
- Please complete a **separate form for each specimen** submitted
- Details of test and specimen requirements can be found in the Laboratory Testing Services Manual. Visit our website at <https://www.dshs.texas.gov/lab>

For assistance or questions, email LabInfo@dshs.texas.gov

SECTION 1. SUBMITTER

** REQUIRED	Submitter Name/Facility**				Submitter Number <i>(Optional - Provide if Known)</i>
	Address**		City **	State ** TX	Zip Code **
	Phone Number **		Fax **		Date of Collection

Specimen Criteria



*Exception for bats and small rodents. Animal head will not be returned, no exceptions.

DO NOT SUBMIT LIVE ANIMALS

Always Call BEFORE Shipping



1-800-252-8163

This toll-free number is monitored by a recorder 24 hours a day, 7 days a week

State Law requires submitters to notify the lab in advance before shipping specimens for rabies examination. This process also helps to identify missing specimens and act promptly.

Emergency Saturday Testing

Emergency testing or preliminary result reporting will only be done on Saturdays with prior approval. To ensure same-day testing, specimen must arrive at or be hand delivered to the lab on Saturday by 8am.



Must Call to Schedule¹

Call the Rabies Lab before 4 p.m. on Fridays: (512) 776-7595

Call the Physician-on-call after 4 p.m. on Fridays: (512) 776-7111

¹Please be prepared to provide an after-hours contact number for results outside normal work hours.

SECTION 2. TEST ANIMAL – DO NOT SUBMIT LIVE ANIMALS

** REQUIRED	Animal Type**	Custom Unique Animal ID** <i>Examples: Pet Name, Pet ID, Chart #, MRN, etc.</i>	Animal Owner's Name	Exposure Date
	<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: _____	20 Character Limit - Must Match ID on Head	Specimen Description: <i>Examples: Brown dog, orange cat, etc.</i>	
	County of Animal's Origin**			

SECTION 3. EXPOSURE

** REQUIRED	Human Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Type(s) of Human Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Contact (Handling) <input type="checkbox"/> Scratch <input type="checkbox"/> Saliva Location(s) of Human Bite/Exposure: <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Neck <input type="checkbox"/> Arm <input type="checkbox"/> Head <input type="checkbox"/> Leg <input type="checkbox"/> Trunk <input type="checkbox"/> Other: _____	Comments / Case Details:
	Pet Exposure: <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR LABORATORY USE ONLY

Carrier: <input type="checkbox"/> Hand <input type="checkbox"/> LSO <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Express Mail <input type="checkbox"/> Other: _____
Date Received:
Time Received:
Hotline Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initials & Date: